2013 TRICARE Outpatient Satisfaction Survey (TROSS)

Report of Findings

September 2013

Defense Health Cost Assessment and Program Evaluation (DHCAPE)

ALTARUM INSTITUTE

SYSTEMS RESEARCH FOR BETTER HEALTH

2013 TRICARE Outpatient Satisfaction Survey

Report of Findings

September 2013

Prepared for

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TRICARE Management Activity
Defense Health Cost Assessment and Program Evaluation
Defense Health Headquarters
7700 Arlington Boulevard
Falls Church, VA

Prepared by

Altarum Institute
Ann Arbor, MI / Alexandria, VA

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Preface

This document contains the Altarum Institute's Report of Findings for the TRICARE Outpatient Satisfaction Survey. It was produced as part of Contract Number W81XWH-08-D-0023, Delivery Order/Call No. 0014, under the guidance of TRICARE Management Activity and Defense Health Cost Assessment and Program Evaluation Office.

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1.0 Executive Summary

1.1 Introduction

The Department of Defense (DoD) – Health Affairs/TRICARE Management Activity (TMA) is committed to providing the highest quality health care for Military Health System (MHS) beneficiaries. The TRICARE Outpatient Satisfaction Survey (TROSS) reports on the experiences of outpatient beneficiaries receiving care from the Military Health Systems Direct Care (DC) military treatment facilities (MTFs) and through its civilian providers, Purchased Care (PC). DC and PC are defined in section 2.7.

This report summarizes the TRICARE Outpatient Satisfaction Survey of MHS beneficiaries who have used outpatient services from January 1, 2012 to December 31, 2012. The TRICARE Outpatient Satisfaction Survey (TROSS) reports on the outpatient experiences of TRICARE beneficiaries at both Military Treatment Facilities and civilian providers. This report compares the satisfaction scores given by outpatient MHS beneficiaries with the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group (C&G) satisfaction scores for outpatient care at civilian facilities. This report is designed to identify and support key opportunities for improving beneficiaries' health care experiences. This report summarizes survey results from a total of 121,080 TRICARE outpatients of whom 64,764 received care from an MTF and 56,316 received care from civilian providers. Overall, the response rate for this reporting period was 20.5% (17.5% for DC and 25.8% for PC.).

The TROSS survey instrument includes questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Clinician and Group (C&G instrument version 2.0) questionnaire, which was developed by the Agency for Healthcare Research and Quality (AHRQ). In addition to the CAHPS C&G survey questions; there are questions specific to the Military Health System (MHS).The CAHPS program was implemented in 1995 by the Agency for Healthcare Research and Quality (AHRQ). Additional information about CAHPS can be found on the ARHQ website (http://cahps.ahrq.gov/). The purpose of the CAHPS program, according to AHRQ, is to:

- Develop standardized patient surveys that can be used to compare results across health plans and systems over time and
- Generate tools and resources that health plans and systems can use to produce understandable and usable comparative information for both consumers and health care providers.

There are three questions from TROSS that are generally accepted as key indicators of patient satisfaction; two are CAHPS questions, and one is a DoD question. These are scored on a 0–10 (worst to best) rating and measure satisfaction with "your health care," "your provider," and "your health plan." Other TROSS questions focus on

- Getting timely appointments, care, and information;
- How well doctors communicate with patients;
- Helpful, courteous, and respectful office staff;
- Follow-up on test results;
- Perceptions of mental health care; and

- Perceptions of the MHS.

The CAHPS criterion for satisfaction with care is a response of 9 or 10 to a question. In previous reports, an alternate criterion called the Balanced Scorecard criterion, which considers respondents satisfied if their response is 8, 9, or 10, was used to determine respondent satisfaction with care.

In this report, TROSS results are compared to a civilian health care benchmark. The civilian benchmark used in this report corresponds to the 50th percentile in the CAHPS database. A description of the methodology for the civilian benchmark is described in section 2.5 of this document.

Two of the MHS specific composites contained in the TROSS are DoD questions and do not have a corresponding civilian benchmark. These composites are *Perceptions of MHS* and *Access to Mental Health Care*. The *Perceptions of MHS* composite consist of two questions that focus on the MHS system as a whole. The *Access to Mental Health Care* composite asks about ease of access and satisfaction with mental health services

1.2 Highlights of Results

1.2.1 Military Health System Overall

Among the measures of satisfaction the MHS scored higher than last year's report with 74% of outpatient respondents being satisfied with their provider (Exhibit 22) in 2012 compared to benchmark of 71%. On another key indicator, *Satisfaction with Health Care,* 50% of outpatient respondents rated their experience positively; this was significantly higher than respondents in 2011. About half of the respondents (51%) reported that they were satisfied with TRICARE Prime compared to 2011.

MHS satisfaction was significantly higher than the civilian benchmark for *Doctors' Communication* (86% compared to 72%), and *Office Staff* (84% compared to 64%). More than three-quarters of MHS patients, who sought outpatient treatment (77%), reported significantly greater satisfaction with mental health care received than ratings in 2011(Exhibit 23). The composite score for *Getting Care When Needed* (67%) was significantly higher than the CAHPS composite benchmark.

1.2.2 Direct Care Results

Exhibit 1 presents the change in direct care MTF scores from 2011 to 2012 in Satisfaction with Health Care. Overall, this exhibit paints a positive picture for DC facilities. A total of 96 facilities had a positive change from 2011, while only 24 facilities saw a decrease in the rating of Satisfaction with Health Care. The median is a 3% change, which indicates that more than half the Direct Care facilities improved by at least 3% over 2011. The chart also shows a promising, positive trend for DC facilities. There were 15 facilities that had a +5% change in their score from 2011 to 2012

Of the 96 facilities with observed positive changes, five MTFs had increases greater than 13 percentage points in *Satisfaction with Health Care*. Exhibit 2 highlights the top five facilities that saw the largest increases in *Satisfaction with Health Care*. Their 2012 rating is noted in the parentheses. The 19th medical group, in Little Rock, had the largest increase in satisfaction rating, from 18% in 2011 to 37% in 2012. This facility also saw significant increases in

Satisfaction with Provider (67%), *Seeing Provider when Needed* (74%) and Overall Satisfaction with Care (88%). See exhibit 30 for more details.

Exhibit 3 identifies the five facilities that had the largest decrease in *Satisfaction With Health Care* compared to 2011. The exhibit shows the facilities with their decline in rating by percentage and the 2012 rating in parentheses. The facility with the largest decline in respondents rating their satisfaction with health care was Naval Health Clinic (NHC) Patuxent River (down by 7 percentage points). In 2012, 32% of NHC Patuxent River beneficiaries reported *Satisfaction with Health Care* compared to 25% in 2011.

Exhibit 1. DC: 2011-2012 Change in Percentage of Satisfaction With Healthcare

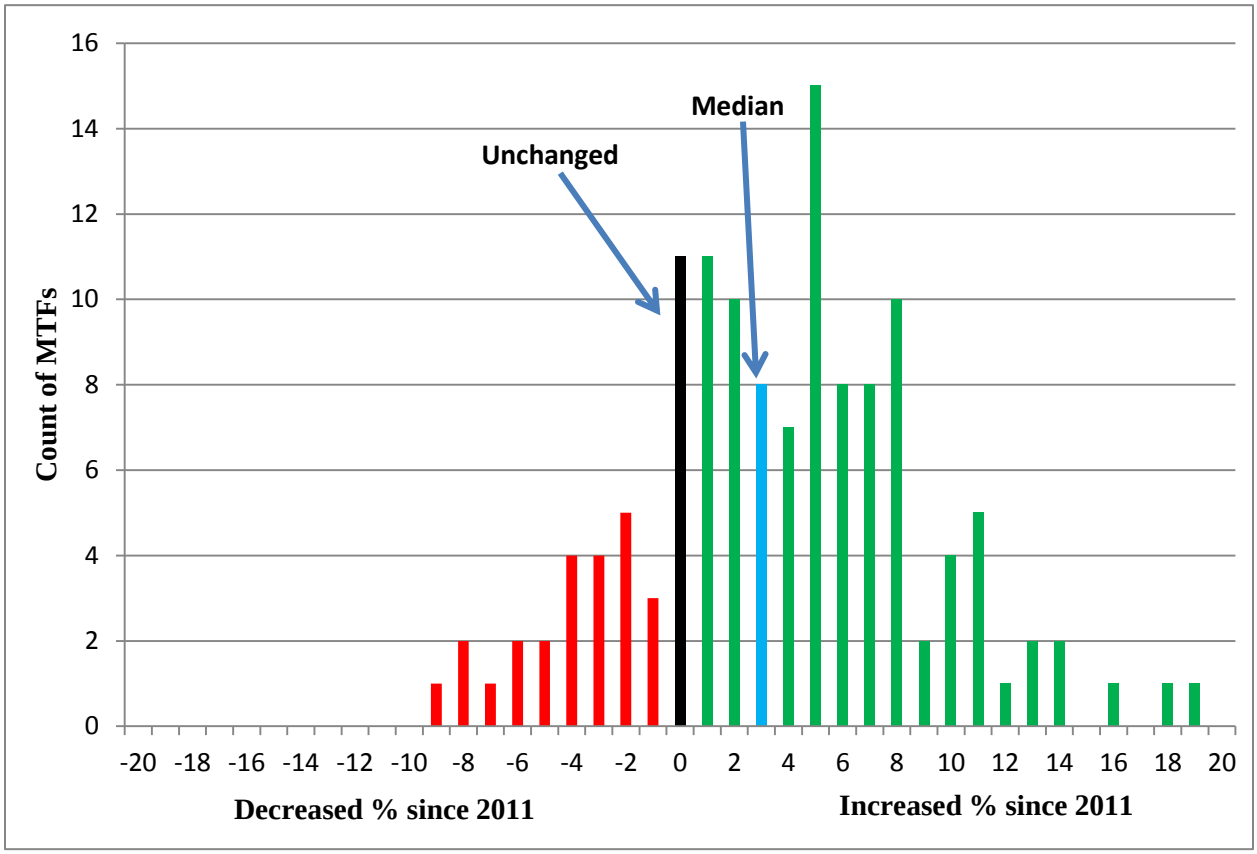


Exhibit 2. DC: Five Facilities With Largest Increase in Satisfaction With Health Care

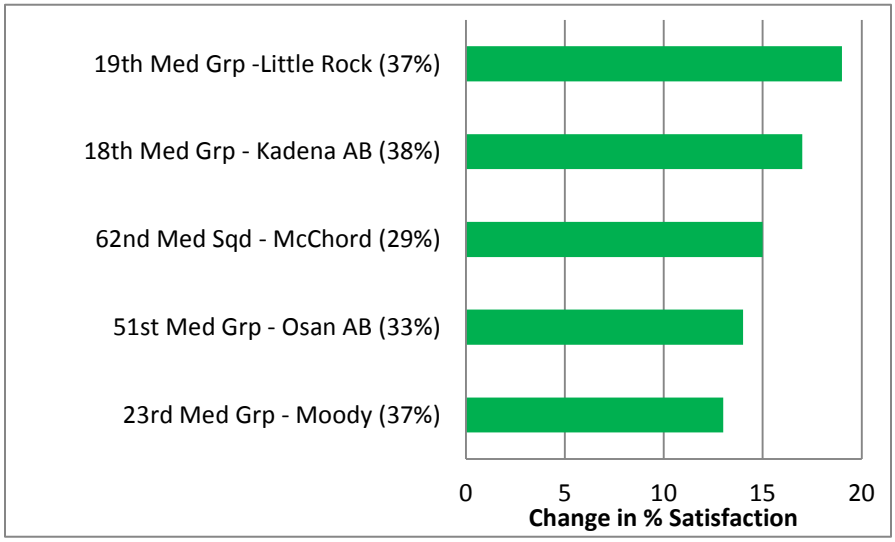
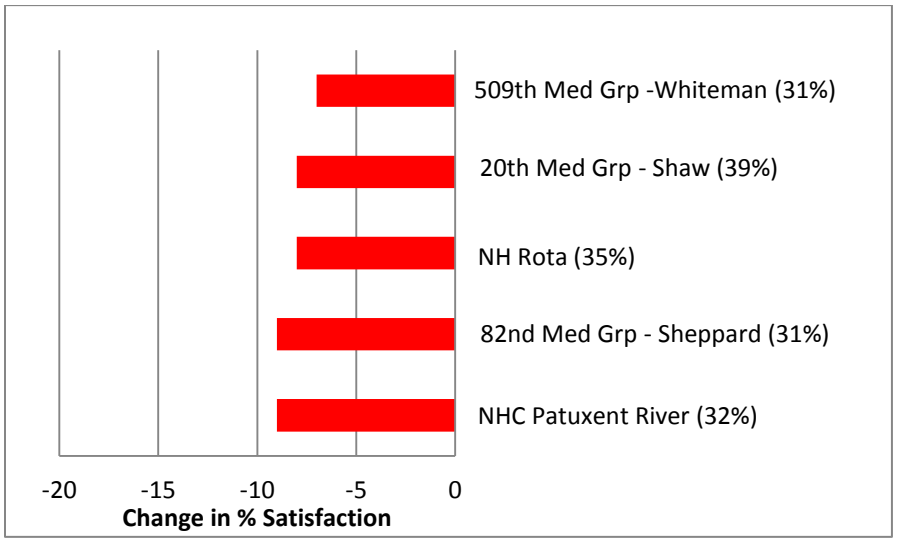


Exhibit 3. DC: Five Facilities with Largest Decrease in Satisfaction With Health Care



1.2.3 Purchased Care Results

Patients seen in PC rated their experiences more positively when compared to DC MTFs. Among the satisfaction measures, there were significant increases for *Satisfaction with Provider* (77% compared to the civilian benchmark, 71%) and *Satisfaction with Health Care* (62%). The only exception was that *Seeing Provider When Needed* (85%), which significantly decreased from 2011 (Exhibit 22). For the composite measures, there was only a significant increase in *Access to Mental Health Care* (Exhibit 23). The 2012 rating for *Getting Care When Needed* was significantly lower than 2011.

In Exhibits 4 and 5, MTF service areas that had the largest increases and decreases are highlighted including the change in percentage points and the current 2012 rating found in parentheses. For the largest increases, the MTF service areas saw gains ranging in an increase of

14 to 25 percentage points. Naval Health Clinic Hawaii had the largest increase with 25-point percentage increase (2012 rating of 67%) from 2011. Among the largest decreases, 17th Medical Group-Goodfellow saw a decline of 15 percentage points (rating of 48% in 2012) compared to a 63% rating in 2011.

Exhibit 4. PC: Five Facilities with the Largest Increase in Satisfaction With Health Care

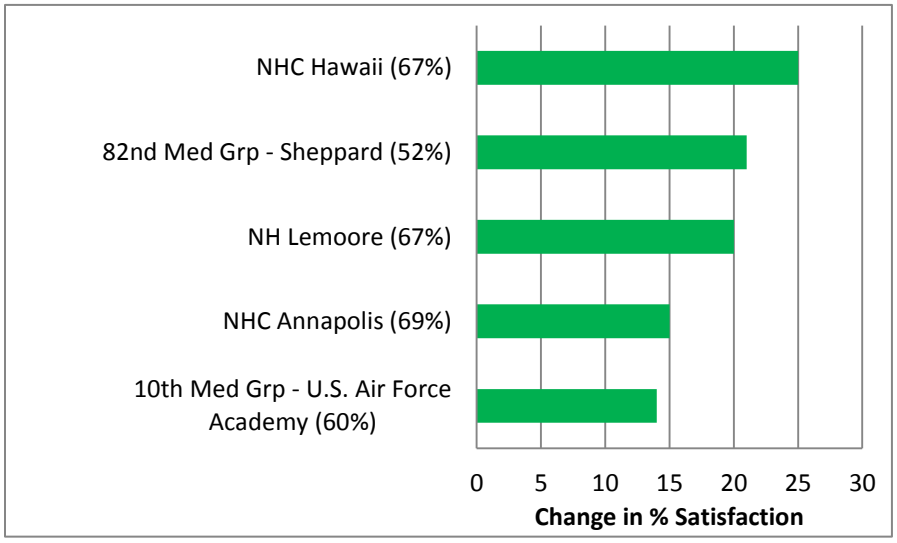
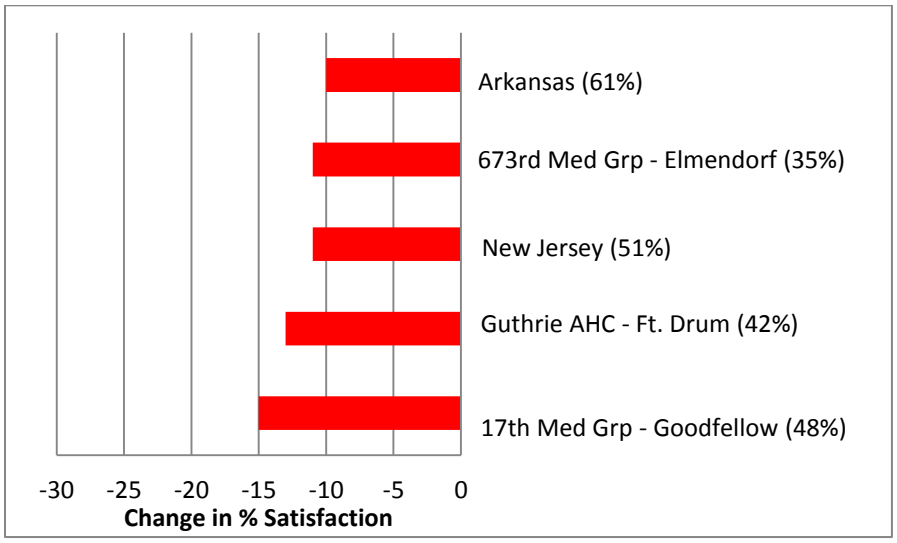


Exhibit 5. PC: Five Facilities with Largest Decrease in Satisfaction With Health Care



2.0 Overview of the Methodology

2.1 Background

The TROSS reports on the experiences of beneficiaries who received outpatient care in the MTFs or through the MHS civilian providers. The objective of TROSS is to measure satisfaction with outpatient services received.

The TROSS questionnaire includes questions from the C&G survey instrument, where adults and sponsors of children are asked about either their or their child's recent experiences as an outpatient. The survey focuses primarily on the following:

- Getting timely appointments, care, and information;
- How well doctors communicate with patients;
- Helpful, courteous, and respectful office staff;
- Follow-up on test results;
- Perceptions of mental health care; and
- Perceptions of the MHS.

Outpatient experiences are compared to civilian benchmarks corresponding to the 50th percentile in the CAHPS database (Exhibit 6). Monitoring satisfaction levels and making comparisons to civilian care enables informed decision making for quality improvement programs related to outpatient health care services.

2.2 How Data Are Collected

TROSS data are collected each month by Direct Care or Purchased Care type. Direct Care refers to care received at MTFs worldwide, and Purchased Care refers to care received among civilian providers. This report summarizes encounters between January 2012 and December 2012. A total of 121,080 surveys were collected, 64,764 from DC and 56,316 from PC. The overall response rate was 20.5%.

The TROSS questionnaire has been designed for adult respondents and respondents to report on their child's visit. TROSS has three components to how the survey is fielded: a mail survey; mail survey with internet option; and a web-based option for Active Duty members. These components are further discussed in Appendix A. Copies of these questionnaires are available in Appendix C and on the TROSS Website: https://surveys.altarum.org/tross/.

AD members are contacted by e-mail and invited to complete the Web-based survey only. Non-AD members are mailed questionnaires, with an option to complete and return the self-administered paper survey or a Web-based version. A second questionnaire is mailed 11 days after the first if it has not been returned completed. If, after 21 days, a completed questionnaire is not received or the questionnaire has come back undelivered, the member will be sent another survey packet. Only completed survey results that are returned before the end of the fielding period are included in the final results.

2.3 How Respondents Are Selected

All outpatient encounter records from MTFs worldwide are pulled from the MHS Data Repository (MDR) on a monthly basis for the DC sample frame. Similarly, all outpatient encounter records, from care delivered by TRICARE's civilian providers, and are pulled monthly from the MDR to create the PC sample frame. The following key exclusions are applied to the outpatient encounter records to create the final sample frame:

- Visits by minors to obstetrics (OB) and gynecology (GYN) providers,
- Visits by patients 11–17 years of age,
- Individuals who have opted out of MHS surveys,
- Deceased individuals, and
- Encounter records without valid mailing address information.

Some additional exclusion criteria follow:

- In cases where a single individual had multiple outpatient encounters, all but the most recent encounter were excluded.
- Encounters in the final sample frame for which provider information was incomplete were excluded.

After these exclusion criteria are applied, the sample is drawn. For the DC sample, cases are pulled using a simple random sample of encounters, after stratification for service type (Army, Navy, and Air Force) and beneficiary category (AD, AD family, retiree under age 65 and family, and retiree age 65 or older and family). For the PC sample, cases are stratified by region and beneficiary category and then randomly sampled.

For AD members in the sample, e-mail addresses are obtained from the Defense Manpower Data Center (DMDC).

2.4 Calculation of the Composite Scores

A composite is an overall score or rating, created by combining scores from questions that measure particular areas of the overall domain. There are currently five composites that measure different domains of satisfaction on TROSS. Three C&G CAHPS-based composites have corresponding civilian benchmarks and focus on specific areas of service. These are standard measures created by CAHPS to ensure comparability of satisfaction assessments. The three composites include:

- **Getting Care When Needed.** This composite assesses getting appointments and health care when needed and is composed of five items (Q8, 10, 13, 15, and 16):
  - "Receive appointment as soon as needed for care you needed right away"
  - "Receive appointment as soon as needed for routine care"
  - "Get an answer to your medical question during business hours on the same day you called"
  - "Receive answer as soon as needed after regular hours" and
  - "See provider within 15 minutes of your appointment time"
- **Doctors' Communication.** This composite assesses how well doctors communicate and is composed of six items (Q17, 18, 20, 21, 22, and 23):

- "Explain things in an easy-to-understand way"
- "Listen carefully to you"
- "Give easy-to-understand instructions about your health care"
- "Know the important information about your medical history"
- "Show respect to you"
- "Spend enough time with you"

- **Office Staff.** This composite assesses the courteousness and helpfulness of office staff and is composed of two items (Q28 and 29):
  - "Helpfulness and thoughtfulness of office staff"
  - "Courtesy and respect shown by office staff"

Two additional MHS-specific composites were created specifically for TROSS to cover areas not included in the CAHPS composites. These composites do not have a civilian benchmark:

- **Perceptions of the MHS.** This composite assesses attitudes and satisfaction with the MHS system and plans and is composed of two items (Q30 and Q31):
  - "Partner with health team"
  - "MHS designed just for the user"
- **Access to Mental Health Care.** This composite assesses treatment and counseling services and is composed of two items (Q37c and Q37d):
  - "Ease of getting treatment/counseling services"
  - "Overall rating of treatment/counseling services"

A minimum of 10 responses was required to calculate the mental health composite. Composites are calculated by using the responses to all questions contained in the composite. The proportion of satisfied responses corresponds to the proportion of respondents answering "almost always" or "always." Specific details of composite calculations can be found in appendix A of this report.

2.5 The Benchmarks

To make meaningful comparisons between TRICARE and civilian outpatient care experiences, a benchmark is included when available. The Benchmarks used in this report correspond to the 50th percentile in the CAHPS database for the corresponding question or composite. The CAHPS database reports on 17 items:

- **Getting Care When Needed** (Q8, 10, 13, 15, and 16):
  - "Receive appointment as soon as needed for care you needed right away"
  - "Receive appointment as soon as needed for routine care"
  - "Get an answer to your medical question during business hours on the same day you called"
  - "Receive answer as soon as needed after regular hours"
  - "See provider within 15 minutes of your appointment time"
- **Doctors' Communication** (Q17, 18, 20, 21, 22 and 23):
  - "Explain things in an easy-to-understand way"

- "Listen carefully to you"
- "Give easy-to-understand instructions about your health care"
- "Know the important information about your medical history"
- "Spend enough time with you"

- **Office Staff** (Q28 and 29):
  - "Helpfulness and thoughtfulness of office staff"
  - "Courtesy and respect shown by office staff"
- **Follow-Up on Test Results** (Q26)
- **Satisfaction With Provider** (Q27)

In exhibit 6, the CAHPS percentiles, which are used on the TROSS Web site and in this report, highlight the 90th, 75th, 50th, and 25th percentiles based on the CAHPS 12-month, six-point adult survey database. The CAHPS percentiles are posted on the ARHQ website (http://www.cahps.ahrq.gov/clinician_group/cgdata/a6topboxscores.htm).

Exhibit 6. CAHPS Benchmark: Percentile Top Box Scores for 12-month 6-point Adult CAHPS C&G Survey

Composite/Item	CAHPS DB Overall	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Getting Timely Appointments, Care, and Information	50%	69%	60%	47%	34%
Got appointment for urgent care as soon as needed	52%	79%	67%	50%	34%
Got appointment for check-up or routine care as soon as needed	57%	80%	70%	54%	40%
Got answer to phone question during regular office hours on same day	51%	73%	62%	46%	33%
Got answer to phone question after hours as soon as needed	57%	81%	71%	60%	40%
Wait time to be seen within 15 minutes of appointment time	35%	53%	41%	30%	20%
How Well Doctors Communicate With Patients	76%	86%	81%	72%	64%
Doctor explained things clearly	78%	88%	83%	75%	67%
Doctor listened carefully	79%	90%	84%	76%	69%

Composite/Item	CAHPS DB Overall	90th Percentile	75th Percentile	50th Percentile	25th Percentile
Doctor gave easy to understand instructions about taking care of health problems	78%	88%	83%	74%	67%
Doctor knew important info about medical history	64%	78%	70%	58%	47%
Doctor showed respect	83%	92%	87%	79%	72%
Doctor spent enough time	75%	86%	80%	73%	64%
Helpful, Courteous, and Respectful Office Staff	67%	81%	73%	64%	55%
Office staff was helpful	60%	76%	67%	57%	47%
Office staff showed courtesy and respect	74%	88%	80%	71%	63%
Follow-up on Test Results	63%	80%	71%	58%	47%
Patients' Rating of the Doctor	76%	88%	82%	71%	62%

The CAHPS percentiles are scored based on the CAHPS criterion for determining satisfaction (Exhibit 6). The CAHPS criterion treats the most positive response categories as satisfied ("Always" or "Almost always" for all questions except, 'Patients' Rating of the Doctor', on which a 9 or 10 is considered satisfied).

There are some questions for which the CAHPS percentile is not available. In these instances, such as *Satisfaction with Healthcare*, no benchmark is presented.

2.6 Change in Satisfaction With Healthcare

Exhibit 1 (see above) shows how many parent Military Treatment Facilities (MTFs) had higher, lower, or identical ratings on Satisfaction with Healthcare compared to the previous calendar year. MTFs were classified by calculating the difference between the MTF's Satisfaction with Healthcare rating for Calendar Year 2011 and their rating for Calendar Year 2012. The parent MTF with the largest increase in satisfaction from the previous calendar year was designated as "most improved." The MTFs with the largest increases are shown in Exhibit 2. The MTFs with the largest decreases are shown in Exhibit 3.

2.7 Definitions

2.7.1 Direct Care Definitions

DC is health care rendered at any MTFs in the continental United States (CONUS) or outside. The MTFs include hospitals and clinics with outpatient capabilities that are managed by each Service (Army, Navy, and Air Force). Each Service-specific MTF and clinic has a designated TMA Defense Medical Information System (DMIS) ID. Marine Corps Service members are assigned to Navy facilities. Joint Task Force (JTF) MTFs include Walter Reed National Military Medical Center (WRNMMC) and Ft. Belvoir Community Hospital.

2.7.2 Purchased Care Definitions

Provider regions and MTF service areas are determined by the location of the provider in which the health care service was received. Only CONUS service areas are included. The provider region reflects the TRICARE region of the provider catchment area as defined by the TMA DMIS ID Table. The provider MTF service area represents the area assigned to each provider. If a provider is within 40 miles of an MTF, then the provider MTF service area is used, subject to the overlap rules, barriers, and other override policies. The west region includes Alaska and Hawaii. U.S. Family Health Plan enrollees are not included in the regions.

3.0 Demographics of the TROSS Population

Respondent data are collected extensively by TROSS as outlined in Section 2.3, which includes MHS beneficiaries of various age groups, race/ethnicity, gender, and health status.

3.1 MHS Wide Demographics

During this reporting period, the vast majority of TROSS respondents were Active Duty members consisting of 48% of all responses as shown in Exhibit 7. The next largest group to respond to the questionnaire across the MHS was Retirees under 65 years of age and their beneficiaries (18%). Among the age groups that responded to TROSS, 29% of respondents were between 18 and 34 years and 34% were between 35 and 54 (Exhibit 7). When examining gender, 57% who answered the survey were men while 43% of the responses were from women (Exhibit 8). Adults comprised of the majority of the outpatients- only 8% were child outpatient experiences (Exhibit 9). The majority of respondents identified themselves as white, 71%, followed by 13% reporting to be Black or African American (Exhibit 10). As shown in Exhibit 11, 87% of respondents self-reported that they were in good health during this reporting period. For the figures with the distribution of health status, Exhibits 11, 16 and 21, "Good" includes the answers "Excellent," "Very Good" and "Good," whereas "Poor" includes "Fair" and "Poor" responses.

Exhibit 7. MHS Wide Demographics – Beneficiary Category and Age Groups

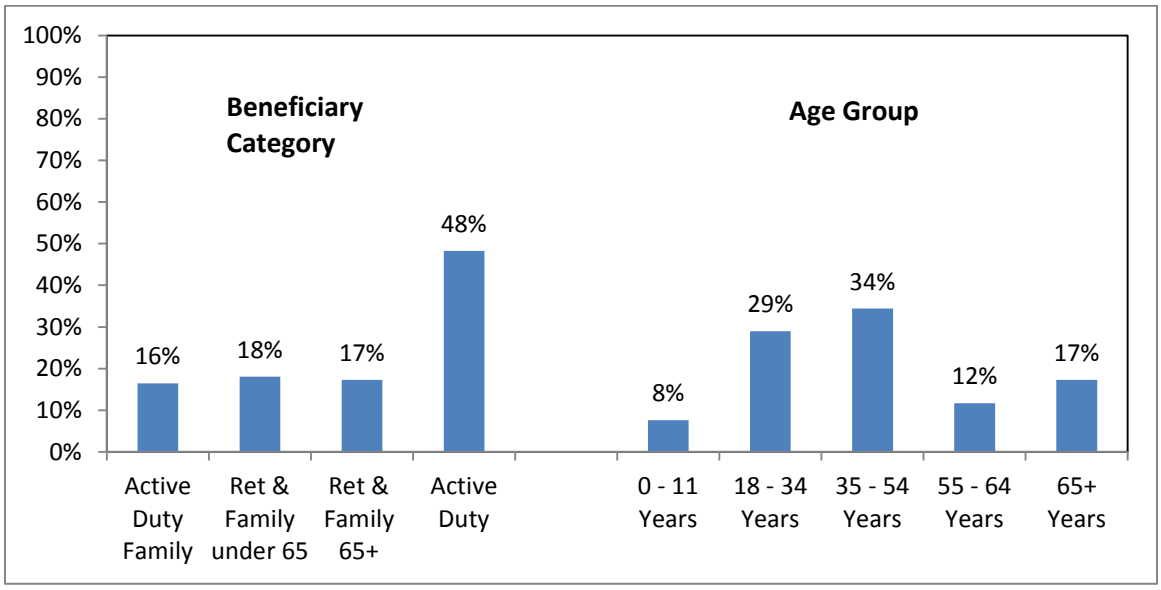


Exhibit 8. MHS Wide Demographics – Gender

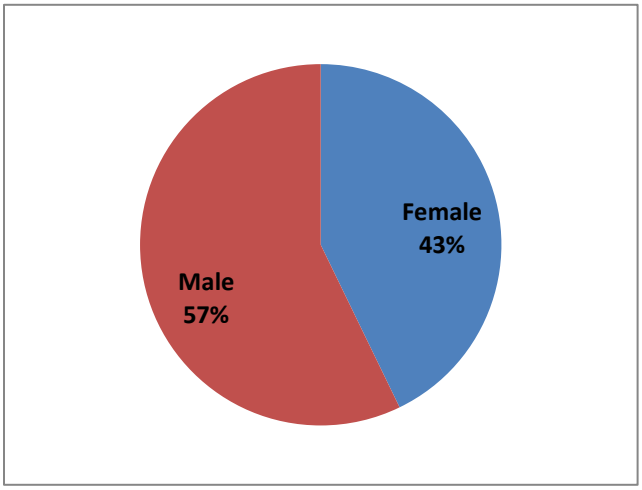


Exhibit 9. MHS Wide Demographics – Adult or Child Encounters

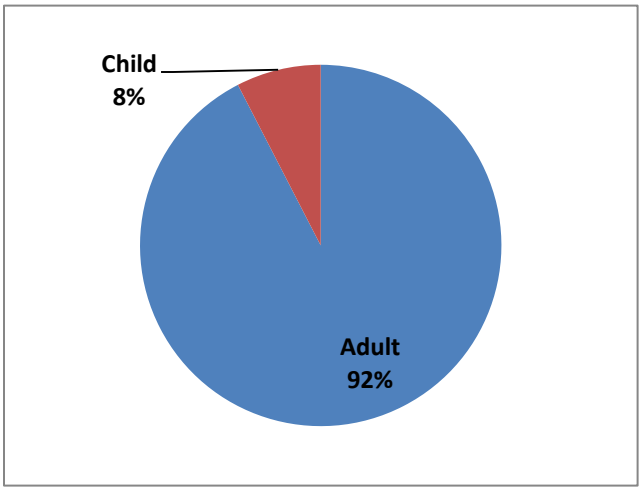


Exhibit 10. MHS Wide Demographics – Race Ethnicity

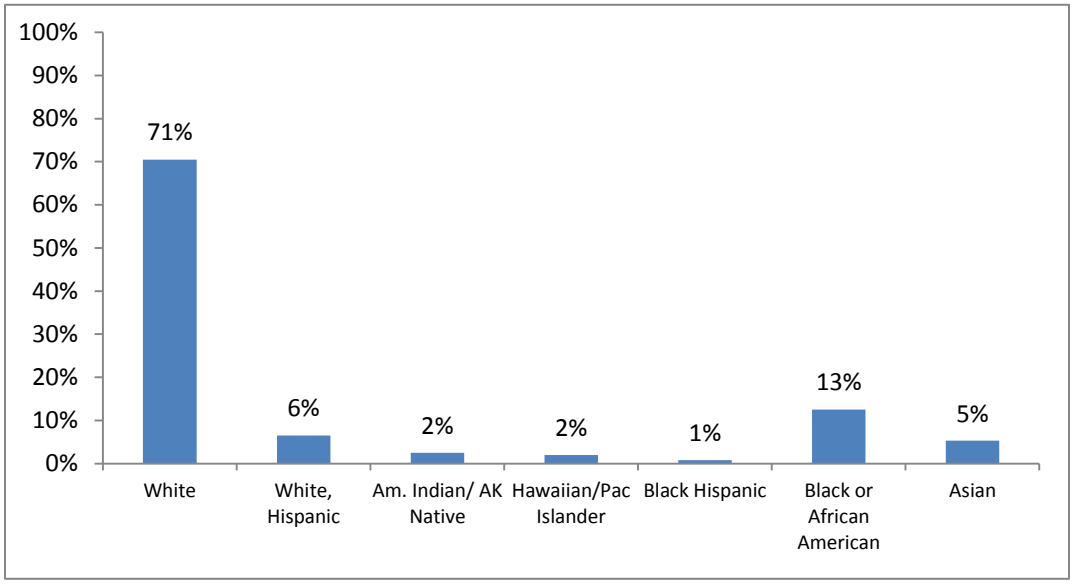
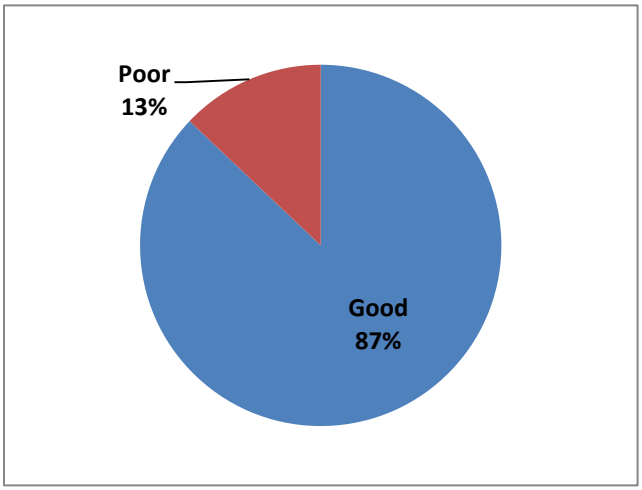


Exhibit 11. MHS Wide Demographics – Health Status



"Good"- includes "Excellent," "Very Good" and "Good" responses
"Poor"- includes "Fair" and "Poor" responses.

3.2 Direct Care Demographics

Direct Care respondents consisted primarily of Active Duty, 60% (Exhibit 12), whereas for Purchased Care 35% was Active Duty and 28% were Retirees over 65 and their beneficiaries (Exhibit 17). Respondents were male, 61%, and 64% identified their race/ethnicity as white (Exhibit 13 and 15). The majority of respondents were adults, ages 18 and older, and 7% were the child outpatient experience (Exhibit 14) and most, 89%, reported being in good health (Exhibit 16).

Exhibit 12. DC Demographics – Beneficiary Category and Age Groups

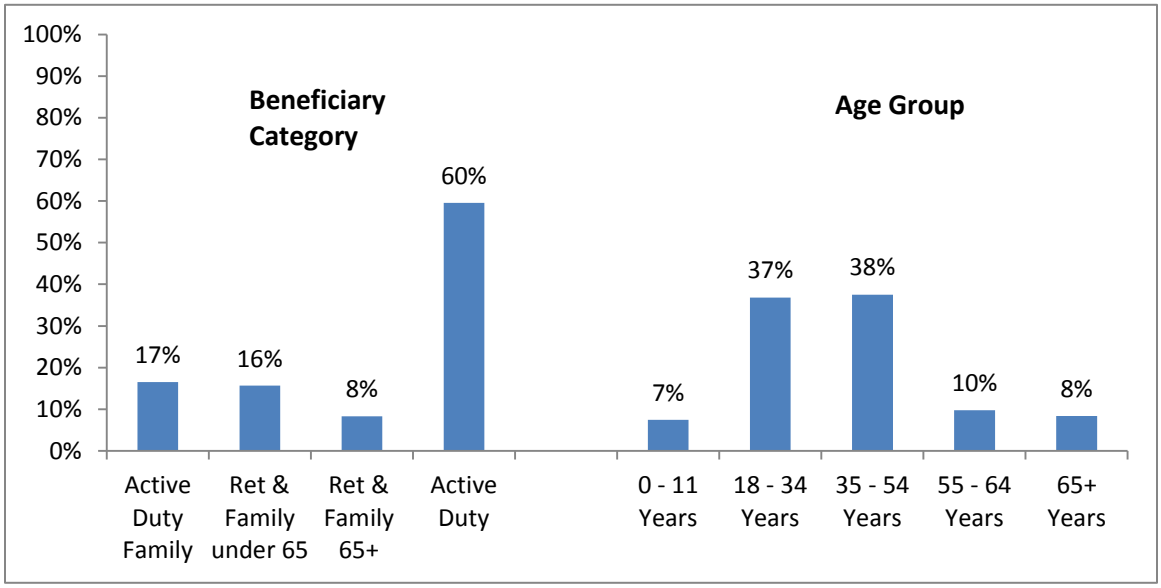


Exhibit 13. DC Demographics – Gender

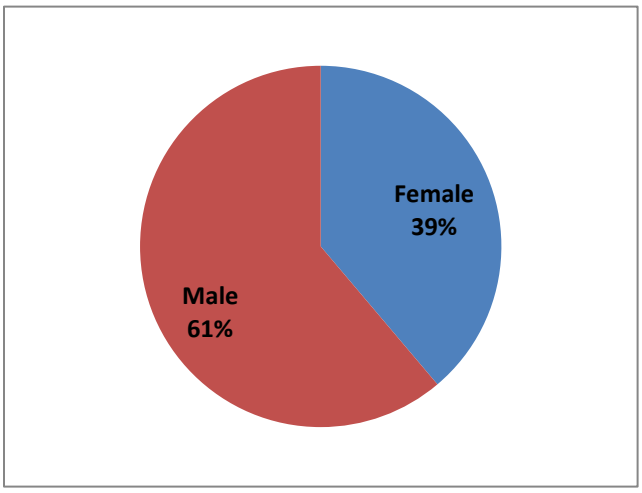


Exhibit 14. DC Demographics – Adult or Child Encounters

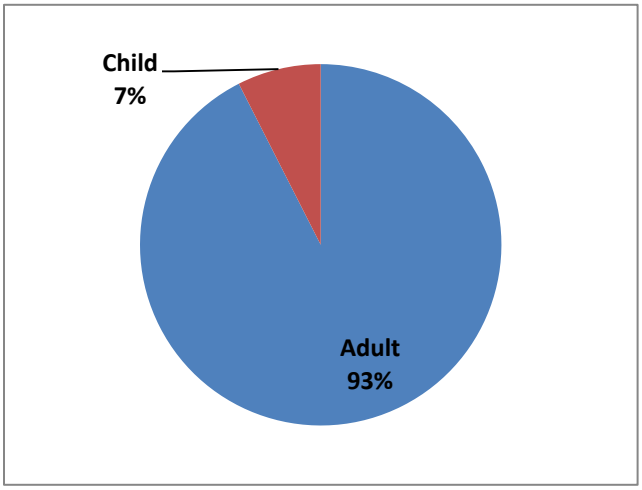


Exhibit 15. DC Demographics – Race Ethnicity

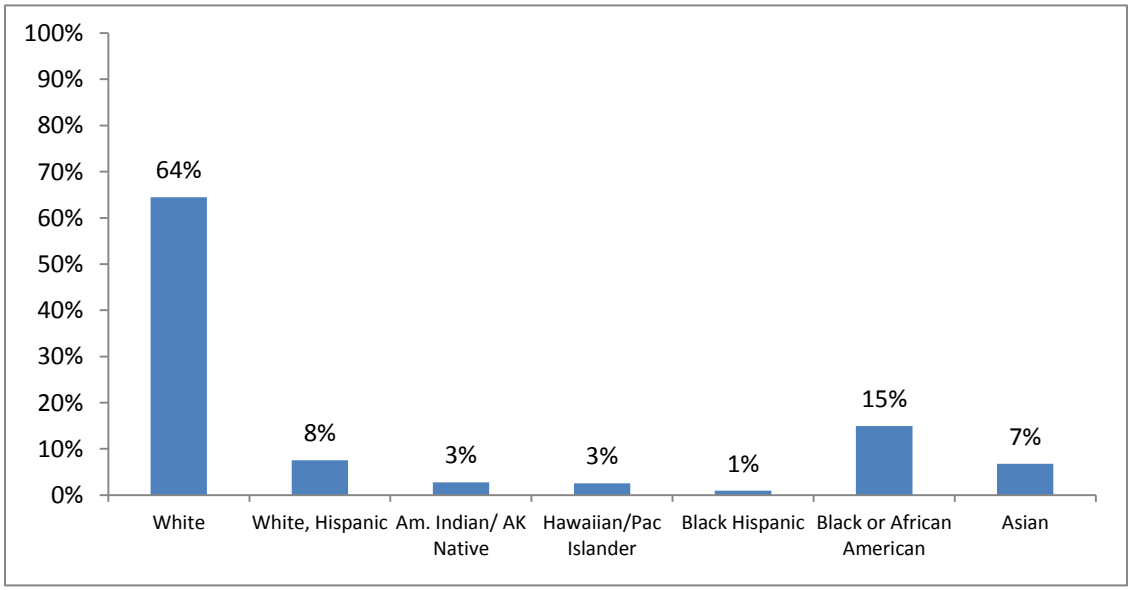
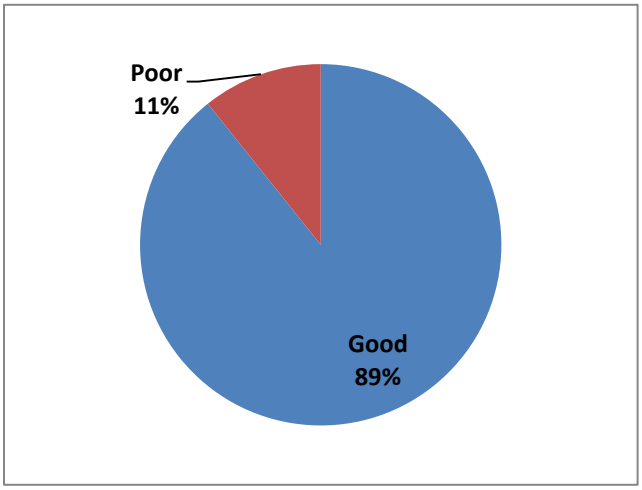


Exhibit 16. DC Demographics – Health Status



"Good"- includes "Excellent," "Very Good" and "Good" responses
"Poor"- includes "Fair" and "Poor" responses.

3.3 Purchased Care Demographics

Among PC respondents, age and beneficiary categories were slightly more evenly distributed than DC (Exhibit 17 for PC and Exhibit 12 for DC). Gender distribution, as shown in Exhibit 18 was also evenly distributed amongst male and females. In both DC and PC, respondents reported their health status as "Good" (Exhibits 16 and 21). PC respondents were most likely to report their race/ethnicity as white (78%) compared to DC (64%) and MHS wide (71%).

Exhibit 17. PC Demographics – Beneficiary Category and Age Groups

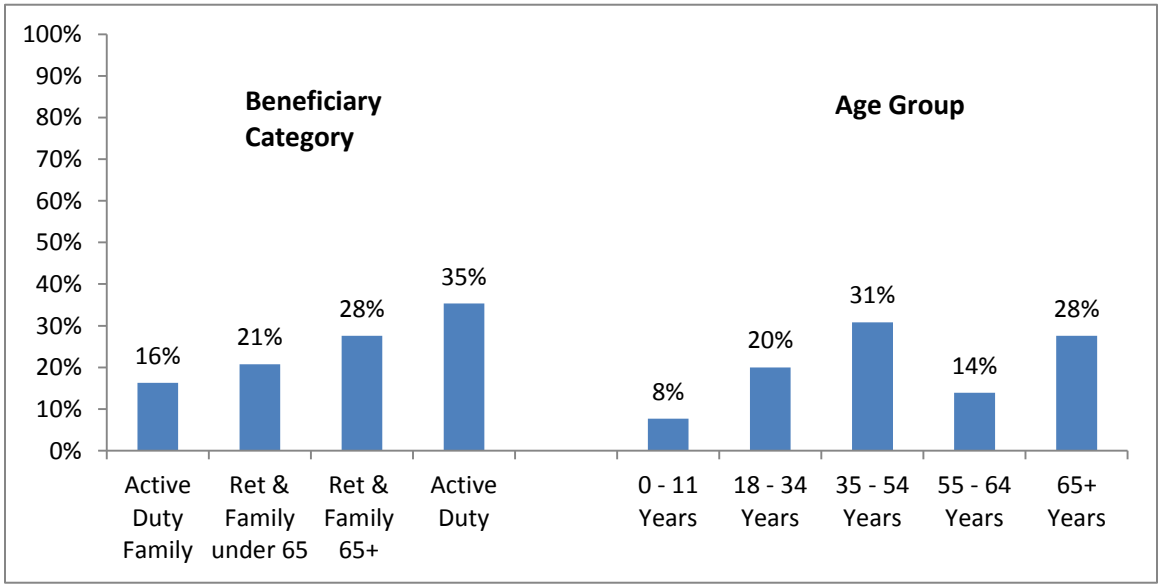


Exhibit 18. PC Demographics – Gender

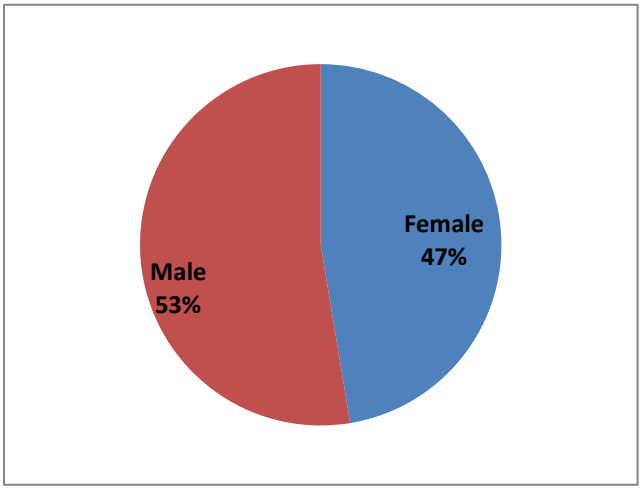


Exhibit 19. PC Demographics – Adult or Child Encounters

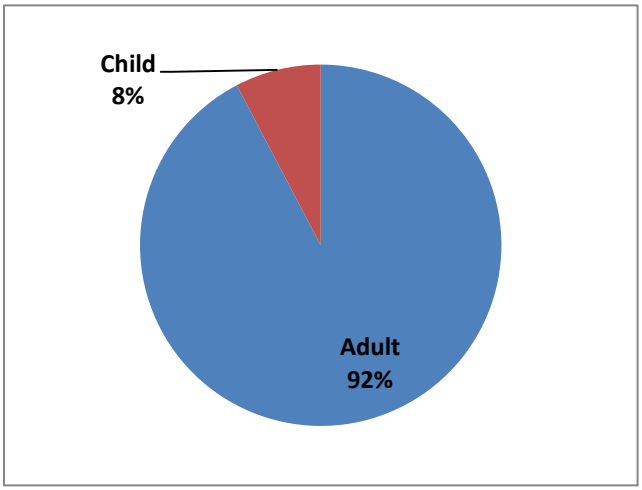


Exhibit 20. PC Demographics – Race Ethnicity

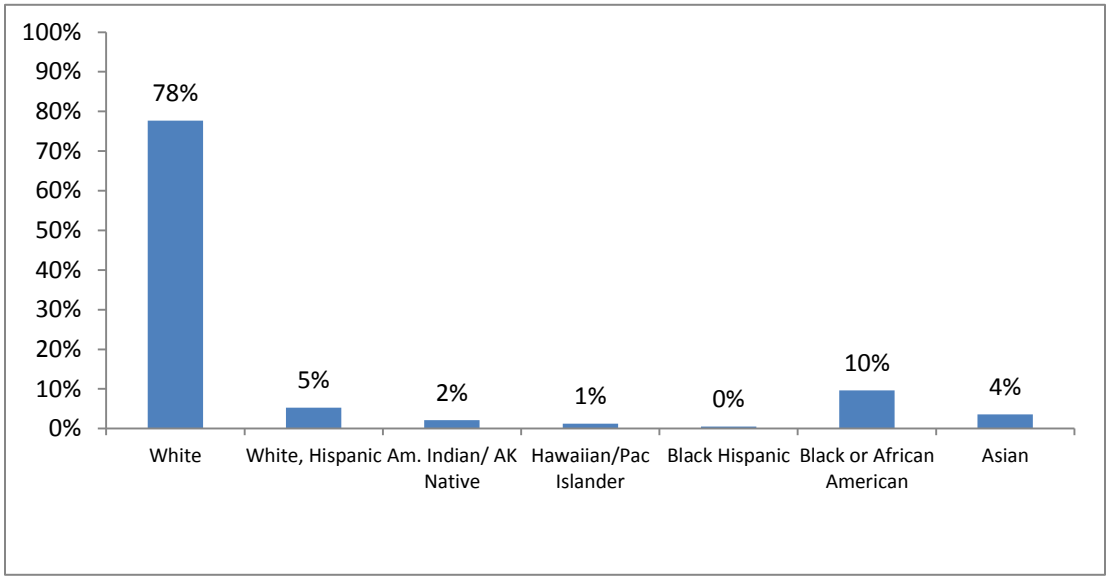
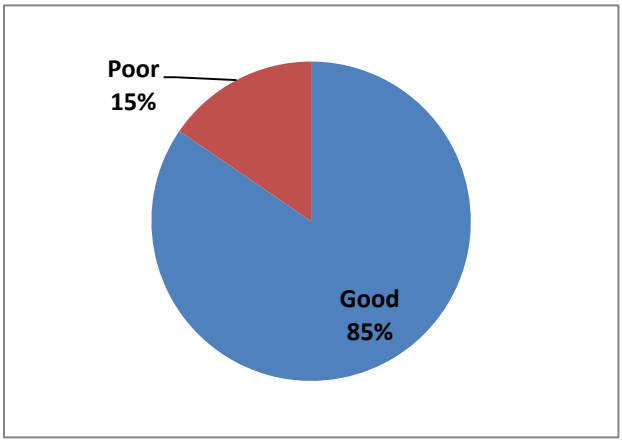


Exhibit 21. PC Demographics – Health Status



"Good"- includes "Excellent," "Very Good" and "Good" responses
"Poor"- includes "Fair" and "Poor" responses.

4.0 Overall Results

Exhibit 22 shows the comparison of TROSS results with their corresponding civilian benchmark. MHS-wide and PC rated their providers higher than their civilian counterparts. On the MHS-specific questions, *Satisfaction with Health Care* and *Seeing Provider When Needed*, Direct Care respondents rated these measures significant higher than 2011. Purchased Care patients saw decreases in *Seeing Provider When Needed* compared to 2011 ratings.

On the composite measures included in TROSS (Exhibit 23), MHS-wide respondents reported being significantly more satisfied with *Getting Care When Needed* when compared to the civilian benchmark. MHS-wide, PC and DC were more satisfied with the communication with their doctor than their civilian counterparts. The final three columns of Exhibit 23 show the measures unique to this questionnaire: *Access to Mental Health Care* composite, which has no civilian counterpart. MHS, DC and PC respondents increased significantly since 2011.

Exhibit 22. MHS Wide Results – Overall Satisfaction Ratings

	N	Satisfaction with Provider[1,2]			Satisfaction with Health Care[1,2]			Satisfaction with Plan[1,2]			Seeing Provider When Needed[1,2]			Overall Satisfaction with Care[1,2]		
Benchmark		71%														
MHS	12,1080	74%	↑	+	50%	↑		51%			77%	↑		86%	↑	
DC	64,764	71%	↑		40%	↑		45%			70%	↑		84%	↑	
PC	56,316	77%	↑	+	62%	↑		60%			85%	↓		88%		
Active Duty	58,459	72%			32%			37%			69%			83%		
Active Duty Family	19,891	64%			40%			47%			70%			83%		
Retiree & Family Under 65	21,832	75%			56%			60%			75%			87%		
Retiree & Family 65+	20,898	83%			73%			79%			81%			89%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 23. MHS Wide Results – Composite Ratings

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
MHS	12,1080	67%		+	86%	↑	+	84%	↑	+	77%	↑	
DC	64,764	59%	↑	+	84%	↑	+	79%	↑	+	71%	↑	
PC	56,316	73%	↓	+	88%		+	89%		+	80%	↑	
Active Duty	58,459	62%			85%			80%			59%		
Active Duty Family	19,891	54%			81%			73%			67%		
Retiree & Family Under 65	21832	59%			86%			84%			76%		
Retiree & Family 65+	20,898	61%			89%			89%			84%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

5.0 Direct Care Results

Army respondents report higher satisfaction with their provider than the civilian benchmark (73% compared to the benchmark of 71%). Navy respondents reported being more satisfied with their provider compared to 2011; however the rating was significantly lower than the benchmark (Exhibit 24). Among Direct Care beneficiaries, there was a wide range in their satisfaction with their health care, ranging from a low of 32% satisfied among Active Duty military to a high of 75% satisfied among retirees older than 65 and their families (Exhibit 24). Retirees older than 65 and their families rated their experiences highest among other beneficiaries for each of the satisfaction measures highlighted in Exhibit 24.

Respondents from the three Services were more satisfied with the communication with their physicians and with the office staff when compared to these ratings in 2011 (Exhibit 25). Ratings for *Doctor's Communication* and *Office Staff* had ratings that were significantly higher than the civilian benchmark. Navy and Air Force respondents rated *Getting Care When Needed* significantly higher when compared to 2011 ratings and the civilian benchmark. In addition to these composites, respondents that received mental health care rated their care significantly higher than 2011.

Exhibit 24. DC Results – Overall Satisfaction Ratings

	N	Satisfaction with Provider[1,2]			Satisfaction with Health Care[1,2]			Satisfaction with Plan[1,2]			Seeing Provider When Needed[1,2]			Overall Satisfaction with Care[1,2]		
Benchmark		71%														
DC	64,764	71%	↑		40%	↑		45%			70%	↑		84%	↑	
Army	24,973	73%	↑	+	41%	↑		47%			68%	↑		83%	↑	
Navy	18,344	70%	↑	-	38%	↑		44%			71%			84%	↑	
Air Force	21,422	70%	↑		39%	↑		44%			72%	↑		84%	↑	
Active Duty	38,549	72%			32%			37%			69%			83%		
Active Duty Family	10,696	66%			44%			47%			74%			85%		
Retiree & Family Under 65	10,136	76%			57%			60%			80%			87%		
Retiree & Family 65+	5,383	83%			75%			83%			89%			90%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 25. DC Results – Composite Measures

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
DC	64,764	59%	↑	+	84%	↑	+	79%	↑	+	71%	↑	
Army	24,973	59%		+	85%	↑	+	80%	↑	+	70%	↑	
Navy	18,344	60%	↑	+	84%	↑	+	78%	↑	+	71%	↑	
Air Force	21,422	57%	↑	+	84%	↑	+	80%	↑	+	74%	↑	
Active Duty	38,549	64%			85%			81%			59%		
Active Duty Family	10,696	63%			83%			77%			69%		
Retiree & Family Under 65	10,136	69%			87%			86%			75%		
Retiree & Family 65+	5,383	72%			89%			92%			88%		

"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

5.1 Army

In Exhibits 26 and 27, beneficiaries who used Army facilities had scores- for *Overall Satisfaction with Care*- that ranged from 73% (Weed ACH) to 91% (BG Crawford F. Sams USAHC-Camp Zama). For the composite measures, *Office Staff* had the best rating among the facilities ranging from 65% (WEED ACH) to 91% (BG Crawford F. Sams USAHC-Camp Zama). In all three composite measures, *Getting Care When Needed, Doctors' Communication and Office Staff*,, Army MTF survey respondents reported scores higher than the benchmark,.

Exhibit 26. DC Facility Level Results – Overall Satisfaction Measures (Army)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
DC	64,764	71%	↑		40%	↑		45%			70%	↑		84%	↑	
Army	24,973	73%	↑	+	41%	↑		47%			68%	↑		83%	↑	
ERMC	1,583	74%	↑	+	37%			42%			73%			83%	↑	
BAVARIA MEDDAC	509	72%	↑		36%			47%			68%			81%		
LANDSTUHL REGIONAL MEDCEN	1,074	74%		+	37%			40%			75%			84%		
JTF	3,025	73%		+	41%			41%	↓		68%			85%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	1,202	76%		+	43%			43%			70%			85%		
FORT BELVOIR COMMUNITY HOSPITAL	1,823	69%		-	39%	↓		39%	↓		66%			84%		
NRMC	5,276	74%	↑	+	42%			46%			69%			84%		
GUTHRIE AHC	386	68%			32%			44%			60%	↓		80%		
IRELAND ACH	684	77%	↑	+	43%			45%			71%	↑		83%	↑	
KELLER ACH	385	74%			42%			50%			77%			85%		
KENNER AHC	736	75%	↑	+	48%			52%			71%			86%		
KIMBROUGH AMBULATORY CARE CENTER	905	75%	↑	+	45%			47%			74%			84%		
MCDONALD ARMY HEALTH CENTER	748	74%			42%			47%			74%	↑		85%		
WOMACK AMC	1,432	74%	↑	+	39%	↑		43%			64%			83%		
PRMC	2,155	73%			42%			48%			69%			83%		
BG CRAWFORD F. SAMS USAHC-CAMP ZAMA	158	74%			44%			53%			82%			91%	↑	
BRIAN ALLGOOD ACH	456	67%	↓		36%			44%			72%			80%	↓	

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
TRIPLER AMC	1,541	75%	↑	+	44%			50%			68%			84%	↑	
SRMC	8,366	73%	↑	+	43%	↑		49%			68%			84%	↑	
BAYNE-JONES ACH	539	72%			39%			47%			68%			86%		
BLANCHFIELD ACH	1,107	71%	↑		36%			46%			70%	↑		82%	↑	
DARNALL AMC	1,213	70%	↑		33%			43%			63%			83%	↑	
EISENHOWER AMC	739	76%	↑	+	48%			51%			69%			86%		
FOX ARMY HEALTH CENTER	288	70%			44%			48%			75%			81%		
LYSTER AHC	572	71%			37%			41%	↓		71%			86%		
MARTIN ACH	557	71%			41%			50%			67%			82%		
MONCRIEF ACH	575	76%		+	48%			57%			74%			83%		
REYNOLDS ACH	501	70%			45%	↑		50%			74%			85%		
SAN ANTONIO MILITARY MEDICAL CENTER-SAMMC	1,818	79%	↑	+	52%			53%			68%			88%	↑	
WINN ACH	457	69%			41%	↑		49%			67%			83%		
WRMC	5,795	71%	↑		41%	↑		47%			67%			82%	↑	
BASSETT ACH	453	67%			34%			45%			66%			79%		
EVANS ACH	932	75%	↑	+	40%	↑		48%			70%			81%		
IRWIN ACH	514	66%	↑	-	37%	↑		42%			68%			82%		
L. WOOD ACH	464	70%	↑		37%			45%			67%			79%		
MADIGAN AMC	1,480	73%	↑		44%	↑		49%			66%			82%		
MUNSON ARMY HEALTH CENTER	408	68%			39%			47%			75%			86%		
R W BLISS ARMY HEALTH CENTER	164	74%			47%	↑		54%			81%			85%		
WEED ACH	131	69%			32%			35%	↓		54%			73%		
WILLIAM BEAUMONT AMC	1,249	70%	↑		42%	↑		48%			63%			82%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 27. DC Facility Level Results – Composite Measures (Army)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
DC	64,764	59%	↑	+	84%	↑	+	79%	↑	+	71%	↑	
Army	24,973	59%		+	85%	↑	+	80%	↑	+	70%	↑	
ERMC	1,583	67%		+	87%	↑	+	85%		+	57%		
BAVARIA MEDDAC	509	62%		+	83%		+	79%		+	51%		
LANDSTUHL REGIONAL MEDCEN	1,074	69%		+	88%		+	88%		+	60%	↓	
JTF	3,025	59%		+	86%		+	78%		+	69%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	1,202	63%		+	88%		+	77%		+	77%		
FORT BELVOIR COMMUNITY HOSPITAL	1,823	54%	↓	+	83%		+	79%	↓	+	61%		
NRMC	5,276	60%		+	85%	↑	+	80%	↑	+	71%	↑	
GUTHRIE AHC	386	62%		+	80%		+	79%		+	54%		
IRELAND ACH	684	65%		+	86%	↑	+	83%		+	70%		
KELLER ACH	385	60%	↓	+	87%		+	82%		+	67%		
KENNER AHC	736	60%		+	86%	↑	+	79%		+	67%		
KIMBROUGH AMBULATORY CARE CENTER	905	63%		+	87%	↑	+	82%	↑	+	69%		
MCDONALD ARMY HEALTH CENTER	748	58%		+	86%		+	84%	↑	+	77%		
WOMACK AMC	1,432	55%		+	85%	↑	+	75%	↑	+	74%	↑	
PRMC	2,155	59%	↓	+	85%		+	79%		+	71%		
BG CRAWFORD F. SAMS USAHC-CAMP ZAMA	158	72%		+	88%		+	91%		+			
BRIAN ALLGOOD ACH	456	58%	↓	+	79%	↓	+	78%		+	63%		
TRIPLER AMC	1,541	59%		+	88%	↑	+	79%		+	72%		
SRMC	8,366	59%	↓	+	85%	↑	+	80%	↑	+	71%	↑	
BAYNE-JONES ACH	539	72%		+	86%		+	81%		+	72%		
BLANCHFIELD ACH	1,107	55%		+	84%	↑	+	78%		+	64%		
DARNALL AMC	1,213	58%		+	84%	↑	+	78%	↑	+	64%		
EISENHOWER AMC	739	62%		+	87%		+	84%		+	84%	↑	
FOX ARMY HEALTH CENTER	288	60%		+	86%		+	79%		+	83%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
LYSTER AHC	572	63%		+	86%		+	82%		+	69%		
MARTIN ACH	557	54%		+	84%		+	77%		+	73%		
MONCRIEF ACH	575	67%		+	85%		+	83%	↑	+	78%	↑	
REYNOLDS ACH	501	60%		+	83%		+	80%	↑	+	76%		
SAN ANTONIO MILITARY MEDICAL CENTER-SAMMC	1,818	58%	↓	+	87%		+	83%		+	71%		
WINN ACH	457	53%	↓	+	82%		+	74%		+	54%		
WRMC	5,795	60%	↑	+	83%	↑	+	79%	↑	+	72%	↑	
BASSETT ACH	453	58%		+	79%		+	76%		+	69%		
EVANS ACH	932	59%		+	85%	↑	+	78%		+	77%	↑	
IRWIN ACH	514	59%		+	80%	↑	+	75%		+	72%	↑	
L. WOOD ACH	464	61%		+	83%	↑	+	80%	↑	+	77%	↑	
MADIGAN AMC	1,480	58%		+	84%	↑	+	81%		+	71%		
MUNSON ARMY HEALTH CENTER	408	66%		+	84%		+	79%		+	67%		
R W BLISS ARMY HEALTH CENTER	164	70%		+	85%	↑	+	87%		+	60%		
WEED ACH	131	48%			84%		+	65%			57%		
WILLIAM BEAUMONT AMC	1,249	59%	↑	+	82%	↑	+	78%	↑	+	74%	↑	

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

5.2 Navy

Exhibits 28 and 29 show the overall satisfaction and composite measures for Navy facility users. For the satisfaction measures, combined Navy respondents reported significantly higher scores for *Satisfaction with Provider* and *Overall Satisfaction with Care*, compared to 2011 scores. 82% percent of respondents rated positively Naval Health Clinic Annapolis for *Satisfaction with Provider*. Both NH Beaufort and NH Camp LeJeune saw increased ratings for *Satisfaction with Provider*, but still were significantly below the benchmark. In general, Navy was rated significantly higher than the civilian benchmark (for *Getting Care When Needed, Doctors' Communication*, and *Office Staff*) as well as rated significantly higher for these items when compared to all composite scores from 2011.

Exhibit 28. DC Facility Level Results – Overall Satisfaction Measures (Navy)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
DC	64,764	71%	↑		40%	↑		45%			70%	↑		84%	↑	
Navy	18,344	70%	↑	-	38%	↑		44%			71%			84%	↑	
JTF	3,025	73%		+	41%			41%	↓		68%			85%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	1,202	76%		+	43%			43%			70%			85%		
FORT BELVOIR COMMUNITY HOSPITAL	1,823	69%		-	39%	↓		39%	↓		66%			84%		
NAVMED East	7,910	70%	↑	-	38%	↑		44%			71%			84%	↑	
JAMES A LOVELL FED HEALTH CARE CENTER	237	73%	↑		39%			41%			73%	↑		87%	↑	
NAVAL HEALTH CLINIC CHARLESTON	192	68%			46%			47%			77%	↑		83%		
NAVAL HLTH CLINIC NEW ENGLAND	827	70%			41%			42%			76%			85%		
NH BEAUFORT	354	65%	↑	-	37%			42%			76%			81%		
NH CAMP LEJEUNE	653	66%	↑	-	27%			35%	↓		70%			82%		
NH JACKSONVILLE	979	69%			42%			50%	↑		69%			84%		
NH NAPLES	117	75%	↑		53%			48%			79%			89%		
NH PENSACOLA	852	75%	↑	+	46%			50%			79%			85%		
NH ROTA	67	74%			35%			43%			87%	↑		95%		
NH SIGONELLA	144	73%			39%			40%			76%			90%		
NHC CHERRY POINT	277	69%			33%			42%			74%			83%		

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
NHC CORPUS CHRISTI	307	72%	↑		44%			46%			75%			87%		
NMC PORTSMOUTH	2,882	70%	↑		38%	↑		43%			67%			83%		
NAVMED West	8,193	69%	↑	-	37%	↑		46%			71%			83%		
NH BREMERTON	751	69%			45%	↑		48%			68%			85%		
NHCL EVERETT	81	63%			33%			39%			70%			88%		
NH CAMP PENDLETON	771	67%	↑	-	34%	↑		44%			71%	↑		82%		
NH GUAM	225	60%		-	46%			59%	↑		77%	↑		87%		
NH LEMOORE	327	65%		-	40%			53%			73%	↓		83%		
NH OAK HARBOR	335	68%			33%			49%			78%			85%		
NH OKINAWA	655	66%	↑	-	27%			37%			67%			81%		
NH TWENTYNINE PALMS	621	67%	↑	-	29%			40%			68%	↑		80%		
NH YOKOSUKA	655	74%	↑		34%			41%			73%			85%	↑	
NHC HAWAII	823	67%		-	35%			42%			73%			83%		
NMC SAN DIEGO	2,949	71%	↑		41%			48%			70%			84%		
NCA	1,039	70%	↑		35%			38%			70%			84%	↑	
NHC ANNAPOLIS	157	82%	↑	+	52%			53%			80%			92%	↑	
NHC PATUXENT RIVER	306	71%			32%	↓		37%			71%			83%		
NHC QUANTICO	576	66%		-	32%	↑		31%			65%			81%	↑	

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 29. DC Facility Level Results – Composite Measures (Navy)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
DC	64,764	59%	↑	+	84%	↑	+	79%	↑	+	71%	↑	
Navy	18,344	60%	↑	+	84%	↑	+	78%	↑	+	71%	↑	
JTF	3,025	59%		+	86%		+	78%		+	69%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	1,202	63%		+	88%		+	77%		+	77%		
FORT BELVOIR COMMUNITY HOSPITAL	1,823	54%	↓	+	83%		+	79%	↓	+	61%		
NAVMED East	7,910	60%	↑	+	84%	↑	+	79%	↑	+	70%	↑	
JAMES A LOVELL FED HEALTH CARE CENTER	237	63%	↑	+	88%	↑	+	76%		+	78%		
NAVAL HEALTH CLINIC CHARLESTON	192	66%		+	87%		+	77%		+	76%		
NAVAL HLTH CLINIC NEW ENGLAND	827	67%	↑	+	87%	↑	+	83%		+	71%		
NH BEAUFORT	354	60%		+	84%	↑	+	80%		+	70%		
NH CAMP LEJEUNE	653	60%	↑	+	83%	↑	+	77%		+	64%		
NH JACKSONVILLE	979	54%		+	83%		+	80%		+	72%		
NH NAPLES	117	73%	↑	+	91%	↑	+	89%	↑	+			
NH PENSACOLA	852	66%		+	86%		+	85%		+	77%	↑	
NH ROTA	67	73%		+	88%		+	77%		+			
NH SIGONELLA	144	84%	↑	+	87%		+	82%		+			
NHC CHERRY POINT	277	66%	↑	+	83%		+	80%		+	57%		
NHC CORPUS CHRISTI	307	60%		+	82%		+	80%		+	74%		
NMC PORTSMOUTH	2,882	57%	↑	+	84%	↑	+	77%		+	68%		
NAVMED West	8,193	59%		+	83%	↑	+	77%	↑	+	70%	↑	
NH BREMERTON	751	63%		+	85%	↑	+	78%		+	72%		
NHCL EVERETT	81	50%			78%			79%		+			
NH CAMP PENDLETON	771	58%		+	81%		+	74%	↑	+	67%		
NH GUAM	225	71%	↑	+	85%		+	84%		+	66%		
NH LEMOORE	327	56%		+	81%		+	82%		+	80%		
NH OAK HARBOR	335	60%		+	84%		+	81%		+	63%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
NH OKINAWA	655	58%		+	83%	↑	+	77%	↑	+	74%		
NH TWENTYNINE PALMS	621	55%		+	77%		+	72%	↑	+	70%	↑	
NH YOKOSUKA	655	63%	↑	+	84%		+	76%	↑	+	56%		
NHC HAWAII	823	65%		+	81%		+	77%		+	62%		
NMC SAN DIEGO	2,949	58%	↑	+	85%	↑	+	77%	↑	+	72%		
NCA	1,039	59%	↑	+	84%	↑	+	79%	↑	+	73%		
NHC ANNAPOLIS	157	70%		+	92%	↑	+	94%		+	77%		
NHC PATUXENT RIVER	306	57%		+	82%		+	73%		+	76%		
NHC QUANTICO	576	56%	↑	+	82%		+	78%	↑	+	66%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

5.3 Air Force

Exhibits 30 and 31 highlight the satisfaction scores and composite measures, respectively, for Air Force facilities. Both the 71st Medical Group and the 359th Medical Group had the highest ratings (91%) for *Overall Satisfaction with Care*. The 71st Medical Group also rated the highest for *Seeing Provider When Needed* with a score of 88%. In general, most facilities scored above the benchmark for the three composite measures (*Getting Care When Needed*, *Doctors' Communication*, and *Office Staff*).

Exhibit 30. DC Facility Level Results – Overall Satisfaction Measures (Air Force)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
DC	64,764	71%	↑		40%	↑		45%			70%	↑		84%	↑	
Air Force	21,422	70%	↑		39%	↑		44%			72%	↑		84%	↑	
ACC	4,267	71%	↑		38%	↑		44%	↑		70%	↑		83%	↑	
20th MEDICAL GROUP	203	68%			39%			46%	↓		76%			83%		
23rd MEDICAL GROUP	184	72%	↑		37%	↑		41%			70%			86%		
28th MEDICAL GROUP	231	80%		+	49%			47%			81%			87%		
325th MEDICAL GROUP	198	65%			33%			45%			65%			83%		
355th MEDICAL GROUP	216	73%			40%			47%			82%			86%	↑	
366th MEDICAL GROUP	217	71%			43%			53%			70%			79%		
49th MEDICAL GROUP	168	68%			35%			40%			70%			79%		
4th MEDICAL GROUP	187	71%			31%			44%	↑		68%			79%	↓	
55th MEDICAL GROUP	744	72%	↑		41%	↑		44%			74%			84%		
633rd MEDICAL GROUP	723	72%	↑		33%	↑		40%			65%	↑		84%	↑	
7th MEDICAL GROUP	188	66%			37%			42%			72%			81%		
MIKE O'CALLAGHAN FEDERAL HOSPITAL	822	72%	↑		39%			45%			66%			84%		
9th MEDICAL GROUP	186	61%	↑	-	28%	↑		42%			60%			73%		
AETC	3,732	72%	↑		44%	↑		47%	↓		72%	↑		85%	↑	
14th MEDICAL GROUP	153	82%	↑	+	42%	↑		52%	↑		83%			89%		
17th MEDICAL GROUP	125	67%			34%			37%			58%			82%		
359th MEDICAL GROUP	241	75%			51%			49%			77%			91%	↑	

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
42ND MEDICAL GROUP	235	70%	↑		41%	↑		50%			68%			89%	↑	
47th MEDICAL GROUP	175	56%		-	37%			41%			70%	↓		76%	↓	
56th MEDICAL GROUP	449	72%	↑		45%			47%	↓		84%	↑		83%		
59th MEDICAL WING	1,178	73%			43%			46%			65%	↑		82%		
71st MEDICAL GROUP	181	69%			47%			51%			88%	↑		91%	↑	
81st MEDICAL GROUP	636	72%			49%			52%			74%	↑		89%	↑	
82nd MEDICAL GROUP	159	65%			31%			36%			70%			77%		
97th MEDICAL GROUP	200	75%			49%			51%			82%			88%		
AFDW	900	72%	↑		41%	↑		39%			72%			85%		
579TH MEDICAL GROUP	160	64%			32%			36%			63%			88%		
779th MEDICAL GROUP	740	73%	↑		42%	↑		40%			73%			85%		
AFGSC	1,104	68%			35%			39%			73%	↑		82%		
2nd MEDICAL GROUP	230	63%		-	37%	↑		40%			72%			78%		
341st MEDICAL GROUP	209	67%			34%			39%			60%			82%		
509th MEDICAL GROUP	237	70%			31%			38%			72%			80%	↑	
5th MEDICAL GROUP	213	72%			38%			38%			83%	↑		88%		
90th MEDICAL GROUP	215	74%	↑		36%			39%			75%			82%		
AFMC	2,851	71%	↑		40%			45%	↓		74%	↑		85%		
377th MEDICAL GROUP	229	70%	↑		34%			40%			77%	↑		89%	↑	
412th MEDICAL GROUP	195	69%			34%			41%			77%			90%		
66th MEDICAL GROUP	197	67%			48%			47%			77%			80%	↓	
72nd MEDICAL GROUP	190	65%			29%			40%			65%			83%	↑	
75th MEDICAL GROUP	182	69%			40%			49%			79%			81%		
78th MEDICAL GROUP	193	78%		+	39%			43%			79%			85%		
88th MEDICAL GROUP	861	74%		+	45%			48%			77%			88%		
96th MEDICAL GROUP	804	71%			41%			46%			71%			83%	↓	
AFSOC	414	73%	↑		36%			38%	↑		71%			85%		
1st SPECIAL OPERATIONS MEDICAL GROUP	207	72%	↑		35%			36%			71%			85%		

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
27th SPECIAL OPERATIONS MEDICAL GROUP	207	76%	↑		37%			42%	↑		73%	↑		84%		
AFSPC	966	69%			39%			45%			74%	↑		84%		
21st MEDICAL GROUP	212	70%			33%			38%			68%	↑		87%	↑	
30th MEDICAL GROUP	211	66%			39%			44%			71%			79%	↓	
45th MEDICAL GROUP	195	69%			49%			54%			83%			87%		
460th MED GRP-BUCKLEY AFB	164	69%			37%			44%			80%	↑		82%		
61st MEDICAL GROUP	184	66%			41%			48%			71%			83%		
AMC	3,215	71%	↑		42%	↑		47%			72%	↑		84%	↑	
19th MEDICAL GROUP-LITTLE ROCK	182	67%	↑		37%	↑		44%			74%	↑		88%	↑	
22nd MEDICAL GROUP	180	71%			37%			49%			73%			83%		
319th MEDICAL GROUP	235	72%			48%			56%			78%	↑		81%		
375th MEDICAL GROUP	324	73%	↑		41%			45%			73%			80%		
436th MEDICAL GROUP	195	68%			38%			39%			67%			90%		
60th MEDICAL GROUP	809	74%	↑	+	46%	↑		50%			66%			85%	↑	
628th MEDICAL GROUP	204	73%			37%	↑		43%			82%			83%		
62nd MEDICAL SQUADRON	152	58%	↑	-	29%	↑		32%	↑		52%			68%		
6th MEDICAL GROUP	501	77%		+	48%			51%			76%			85%		
87th MEDICAL GROUP	194	63%		-	34%			42%			68%			84%		
92nd MEDICAL GROUP	235	66%			47%	↑		51%			76%			88%	↑	
PACAF	2,069	67%	↑	-	36%	↑		39%			71%			84%	↑	
15th MEDICAL GROUP	191	68%			31%			25%			72%			80%		
18th MEDICAL GROUP	166	68%	↑		38%	↑		37%			67%	↑		85%	↑	
354th MEDICAL GROUP	215	71%	↑		34%			39%			74%	↑		86%	↑	
35th MEDICAL GROUP	147	65%			35%			43%			68%	↑		77%	↓	
36th MEDICAL GROUP	157	72%			37%			51%	↑		74%			85%	↓	
374th MEDICAL GROUP	183	63%		-	33%			41%			72%			81%		
51st MEDICAL GROUP	145	65%			33%	↑		41%			69%			81%		
673rd MEDICAL GROUP	742	67%	↑	-	38%	↑		41%			72%			87%	↑	

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
8th MEDICAL GROUP	123	62%		-	35%	↓		39%	↓		66%	↓		78%		
USAFA	808	70%			39%	↓		39%	↓		74%			87%		
10TH MEDICAL GROUP	808	70%			39%	↓		39%	↓		74%			87%		
USAFE	1,096	67%	↑	-	37%			39%			74%			82%	↓	
31st MEDICAL GROUP	170	69%			35%			43%			78%			86%		
39th MEDICAL GROUP	118	68%			38%			42%	↑		71%			77%		
423RD ABS OL-A UPWOOD CLINIC	55	66%			30%			33%			67%			79%		
470 MEDICAL FLIGHT	100	66%			31%			38%			79%			89%		
48th MEDICAL GROUP	184	57%	↓	-	34%			35%	↓		68%			79%	↓	
52nd MEDICAL GROUP	147	72%	↑		42%			40%			76%	↑		85%		
86th MEDICAL GROUP	184	75%	↑		38%			40%			78%			82%	↓	

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 31. DC Facility Level Results – Composite Measures (Air Force)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
DC	64,764	59%	↑	+	84%	↑	+	79%	↑	+	71%	↑	
Air Force	21,422	57%	↑	+	84%	↑	+	80%	↑	+	74%	↑	
ACC	4,267	56%	↑	+	84%	↑	+	81%	↑	+	71%		
20th MEDICAL GROUP	203	59%	↓	+	78%	↓		80%		+	68%		
23rd MEDICAL GROUP	184	55%			84%		+	74%		+			
28th MEDICAL GROUP	231	71%		+	89%		+	90%		+	75%		
325th MEDICAL GROUP	198	56%		+	80%		+	76%		+	91%		
355th MEDICAL GROUP	216	63%	↑	+	90%	↑	+	84%	↑	+	69%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
366th MEDICAL GROUP	217	59%		+	82%		+	84%		+	71%		
49th MEDICAL GROUP	168	53%			83%		+	74%		+	55%		
4th MEDICAL GROUP	187	67%		+	85%		+	82%		+	71%		
55th MEDICAL GROUP	744	63%	↑	+	84%	↑	+	85%	↑	+	71%		
633rd MEDICAL GROUP	723	49%			84%	↑	+	82%	↑	+	77%		
7th MEDICAL GROUP	188	56%		+	79%		+	79%		+	83%		
MIKE O'CALLAGHAN FEDERAL HOSPITAL	822	49%			85%	↑	+	79%	↑	+	65%		
9th MEDICAL GROUP	186	44%			77%			71%			58%		
AETC	3,732	58%	↑	+	84%		+	81%	↑	+	77%	↑	
14th MEDICAL GROUP	153	73%		+	90%		+	82%		+	83%		
17th MEDICAL GROUP	125	38%			88%	↑	+	70%			80%		
359th MEDICAL GROUP	241	62%		+	84%		+	84%		+	86%		
42ND MEDICAL GROUP	235	51%			83%		+	75%		+	83%		
47th MEDICAL GROUP	175	45%			78%			66%			43%		
56th MEDICAL GROUP	449	62%	↑	+	82%		+	83%		+	85%	↑	
59th MEDICAL WING	1,178	57%	↑	+	85%		+	82%		+	72%		
71st MEDICAL GROUP	181	68%	↑	+	90%	↑	+	85%		+	79%		
81st MEDICAL GROUP	636	60%		+	85%		+	84%		+	82%		
82nd MEDICAL GROUP	159	61%		+	75%			80%		+	69%		
97th MEDICAL GROUP	200	55%		+	87%		+	87%		+	64%		
AFDW	900	57%		+	85%	↑	+	83%	↑	+	79%		
579TH MEDICAL GROUP	160	45%			88%		+	80%		+	97%		
779th MEDICAL GROUP	740	59%		+	85%	↑	+	83%	↑	+	77%		
AFGSC	1,104	58%		+	82%		+	77%		+	78%	↑	
2nd MEDICAL GROUP	230	57%		+	78%		+	82%		+	95%		
341st MEDICAL GROUP	209	55%		+	82%		+	73%		+	73%		
509th MEDICAL GROUP	237	56%		+	82%		+	78%		+	80%		
5th MEDICAL GROUP	213	57%		+	86%		+	68%					

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
90th MEDICAL GROUP	215	63%		+	84%		+	83%		+	56%		
AFMC	2,851	56%		+	85%		+	81%		+	73%		
377th MEDICAL GROUP	229	56%	↑	+	85%	↑	+	79%	↑	+	90%		
412th MEDICAL GROUP	195	48%	↓		87%		+	83%		+	75%		
66th MEDICAL GROUP	197	62%	↓	+	83%	↓	+	82%	↓	+	75%		
72nd MEDICAL GROUP	190	41%			84%		+	75%		+	78%		
75th MEDICAL GROUP	182	60%		+	83%		+	76%		+	70%		
78th MEDICAL GROUP	193	66%		+	86%		+	85%		+	54%		
88th MEDICAL GROUP	861	57%	↓	+	86%		+	84%		+	80%	↑	
96th MEDICAL GROUP	804	57%	↓	+	83%		+	80%		+	66%		
AFSOC	414	60%	↑	+	86%	↑	+	78%		+	79%		
1st SPECIAL OPERATIONS MEDICAL GROUP	207	58%	↑	+	86%		+	77%		+	73%		
27th SPECIAL OPERATIONS MEDICAL GROUP	207	57%		+	87%		+	80%		+	88%		
AFSPC	966	62%	↑	+	84%		+	79%		+	79%	↑	
21st MEDICAL GROUP	212	51%			86%		+	85%	↑	+			
30th MEDICAL GROUP	211	57%		+	82%		+	78%		+	66%		
45th MEDICAL GROUP	195	73%	↑	+	88%		+	82%		+	83%		
460th MED GRP-BUCKLEY AFB	164	69%	↑	+	85%		+	72%		+			
61st MEDICAL GROUP	184	56%		+	76%			72%		+	73%		
AMC	3,215	58%	↑	+	85%	↑	+	80%	↑	+	75%		
19th MEDICAL GROUP-LITTLE ROCK	182	54%	↑		84%	↑	+	72%	↑	+			
22nd MEDICAL GROUP	180	61%	↑	+	86%		+	79%	↑	+	88%		
319th MEDICAL GROUP	235	70%		+	90%		+	83%		+	82%		
375th MEDICAL GROUP	324	62%	↑	+	88%	↑	+	86%		+	73%		
436th MEDICAL GROUP	195	59%		+	84%		+	80%	↑	+	61%		
60th MEDICAL GROUP	809	55%		+	86%		+	81%		+	81%	↑	
628th MEDICAL GROUP	204	59%		+	87%		+	78%		+	75%		
62nd MEDICAL SQUADRON	152	35%		-	67%			61%					

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
6th MEDICAL GROUP	501	55%		+	87%		+	84%		+	74%		
87th MEDICAL GROUP	194	51%	↑		81%		+	76%	↑	+	60%		
92nd MEDICAL GROUP	235	63%		+	84%		+	75%		+	70%		
PACAF	2,069	58%		+	82%	↑	+	79%	↑	+	70%		
15th MEDICAL GROUP	191	50%			81%		+	81%		+			
18th MEDICAL GROUP	166	54%			84%	↑	+	78%		+			
354th MEDICAL GROUP	215	58%		+	85%		+	78%		+			
35th MEDICAL GROUP	147	51%	↓		77%	↓		70%					
36th MEDICAL GROUP	157	58%		+	82%		+	79%		+			
374th MEDICAL GROUP	183	69%		+	81%		+	83%		+			
51st MEDICAL GROUP	145	63%	↑	+	78%			81%	↑	+			
673rd MEDICAL GROUP	742	60%		+	83%	↑	+	80%	↑	+	73%		
8th MEDICAL GROUP	123	66%		+	72%			71%	↓				
USAFA	808	60%		+	84%		+	80%		+	66%		
10TH MEDICAL GROUP	808	60%		+	84%		+	80%		+	66%		
USAFE	1,096	56%		+	82%		+	79%		+	75%		
31st MEDICAL GROUP	170	54%	↓		81%		+	78%		+			
39th MEDICAL GROUP	118	79%	↑	+	81%		+	76%		+			
423RD ABS OL-A UPWOOD CLINIC	55	46%			88%		+	80%		+			
470 MEDICAL FLIGHT	100	66%		+	83%		+	81%		+			
48th MEDICAL GROUP	184	49%	↓		80%		+	73%		+	69%		
52nd MEDICAL GROUP	147	59%		+	83%		+	82%		+			
86th MEDICAL GROUP	184	68%		+	85%		+	82%		+			

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

6.0 Purchased Care Results

In Exhibits 32 and 33, Purchased Care results are presented for overall satisfaction measures and composite measures by region (North, South or West). Overall PC had significant increases from 2011 in the areas of *Satisfaction with Provider* and *Satisfaction with Health Care.* However, there was a significant decrease since 2011 for *Seeing Provider When Needed* (Exhibit 32). For the composite measures, PC respondents in the North, South and West region were significantly higher than the benchmark. Although the rating for *Getting Care When Needed* is still significantly higher than the benchmark, the ratings were significantly lower than 2011. Ratings for *Doctors' Communication* and *Office Staff* are also significantly above the benchmark. The ratings for *Access to Mental Health Care*, increased significantly from 2011 (Exhibit 33).

Exhibit 32. PC Results – Overall Satisfaction Measures

	N	Satisfaction with Provider[1,2]			Satisfaction with Health Care[1,2]			Satisfaction with Plan[1,2]			Seeing Provider When Needed[1,2]			Overall Satisfaction with Care[1,2]		
Benchmark		71%														
PC	56,316	77%	↑	+	62%	↑		60%			85%	↓		88%		
North	17,216	77%		+	60%			55%			86%			88%		
South	22,055	78%		+	63%			63%			85%	↓		88%		
West	16,254	77%		+	61%	↑		61%			84%	↓		88%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 33. PC Results – Composite Measures

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
PC	56,316	73%	↓	+	88%		+	89%		+	80%	↑	
North	17,216	74%	↓	+	88%		+	88%		+	79%	↑	
South	22,055	72%	↓	+	88%		+	89%		+	81%	↑	
West	16,254	73%	↓	+	88%		+	89%		+	78%	↑	

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

6.1 TRICARE Regional Office North

In Exhibits 34 and 35, North region users reported the highest ratings with *Overall Satisfaction with Care* ranging from 82% (NH Camp LeJeune) to 97% (Kentucky) and ratings for *Office Staff*, which ranged from 76% (Guthrie AHC) to 95% (Maine, Kentucky, and New Jersey). For each of the composite measures, except for *Access to Mental Health Care*, were rated significantly higher than the benchmark by respondents from most of the Service Areas.

Exhibit 34. MTF Service Area Level Results – Overall Satisfaction Measures (TRO North)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
PC	56,316	77%	↑	+	62%	↑		60%			85%	↓		88%		
North	17,216	77%		+	60%			55%			86%			88%		
375th MEDICAL GROUP	529	78%		+	58%			53%			84%	↑		90%		
436th MEDICAL GROUP	201	69%			51%			47%			80%			84%		
43RD MEDICAL GROUP	217	72%			64%			55%			83%			89%		
4th MEDICAL GROUP	219	78%		+	56%	↑		65%	↑		88%	↑		87%		
633r MEDICAL GROUP	122	79%		+	50%			38%			80%			85%		
66th MEDICAL GROUP	336	78%		+	61%			52%			87%			87%		
779th MEDICAL GROUP	65	68%			49%			44%			82%			84%		
87th MEDICAL GROUP	255	83%		+	62%	↑		50%			84%			88%		
88th MEDICAL GROUP	215	77%			61%			59%			80%			88%		
CONNECTICUT	113	90%		+	64%			44%			91%			89%		
EASTERN MISSOURI-ST LOUIS AREA	57	85%		+	75%			77%			87%			89%		
FORT BELVOIR COMMUNITY HOSPITAL	636	76%		+	50%			45%			82%			90%		
GUTHRIE AHC	174	69%			42%	↓		48%			72%			88%		
ILLINOIS	320	72%			62%			62%			83%			86%		
INDIANA	631	77%		+	58%	↓		58%			85%			87%		
IRELAND ACH	568	80%	↑	+	59%			57%			89%	↑		90%	↑	
JAMES A LOVELL FED HEALTH CARE CENTER	207	79%		+	65%			56%			87%			87%		
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	154	75%			64%			71%			91%			86%		
KELLER ACH	429	80%		+	62%			58%			88%			90%		
KENNER AHC	319	80%		+	62%			61%			88%			92%	↑	

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
KENTUCKY	56	77%			56%			39%	↓		89%			97%	↑	
KENTUCKY-EXCLUDING FT CAMPBELL AREA	252	74%			71%			68%			86%			89%		
KIMBROUGH AMBULATORY CARE CENTER	1,040	81%		+	63%			63%			85%			89%		
MAINE	275	80%		+	70%			81%	↑		81%			83%		
MARTIN'S POINT HEALTH CARE	151	83%		+	81%			83%			88%			91%		
MARYLAND	51	74%			68%			54%			93%			83%		
MASSACHUSETTS	187	80%		+	70%			68%			89%			91%		
MCDONALD ARMY HEALTH CENTER	181	84%		+	55%			42%			85%			90%		
MICHIGAN	799	80%		+	60%	↓		55%			85%			88%		
NAVAL HLTH CLINIC NEW ENGLAND	663	76%		+	60%			48%			88%			89%	↑	
NEW JERSEY	89	79%			51%			33%			89%			88%		
NEW YORK	497	82%	↑	+	65%	↑		50%			89%	↑		92%	↑	
NH CAMP LEJEUNE	475	61%		-	49%	↑		53%	↑		82%			82%		
BMC COLTS NECK EARLE	194	73%			61%			63%			86%			86%		
NHC ANNAPOLIS	163	86%	↑	+	69%	↑		73%	↑		93%			93%		
NHC CHERRY POINT	319	74%			52%			44%			83%			88%		
NHC PATUXENT RIVER	185	74%			50%			35%			85%			85%		
NHC QUANTICO	271	80%		+	57%			54%			87%			86%	↓	
NMC PORTSMOUTH	1,386	77%		+	57%			54%	↑		85%			89%		
NORTH CAROLINA	1,202	76%		+	62%			53%	↓		87%			90%		
OHIO	764	82%		+	68%			69%			86%			84%	↓	
PENNSYLVANIA	698	79%	↓	+	65%			57%	↓		89%	↓		88%	↓	
VERMONT	102	78%			62%			62%			91%			89%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	198	83%		+	57%			52%			83%			92%		
WESTERN WEST VIRGINIA	228	69%	↓		64%			67%			79%	↓		84%		
WISCONSIN	540	78%		+	66%			66%	↑		89%			89%		
WOMACK AMC	527	71%			53%			48%			84%			89%	↑	

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 35. MTF Service Area Level Results – Composite Measures (TRO North)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
PC	56,316	73%	↓	+	88%		+	89%		+	80%	↑	
North	17,216	74%	↓	+	88%		+	88%		+	79%	↑	
375th MEDICAL GROUP	529	75%		+	88%	↑	+	88%		+	85%		
436th MEDICAL GROUP	201	64%		+	86%		+	88%		+	76%		
43RD MEDICAL GROUP	217	74%		+	85%		+	84%		+	83%		
4th MEDICAL GROUP	219	72%		+	86%		+	86%		+	81%	↑	
633rd MEDICAL GROUP	122	70%		+	86%		+	81%		+	81%		
66th MEDICAL GROUP	336	74%		+	88%		+	88%		+	79%		
779th MEDICAL GROUP	65	74%	↑	+	80%			84%		+	74%		
87th MEDICAL GROUP	255	80%		+	88%		+	90%		+	74%		
88th MEDICAL GROUP	215	75%		+	87%		+	88%		+	76%		
CONNECTICUT	113	81%		+	96%		+	91%		+	70%		
EASTERN MISSOURI-ST LOUIS AREA	57	78%		+	93%		+	88%		+	83%		
FORT BELVOIR COMMUNITY HOSPITAL	636	77%		+	87%		+	86%		+	72%		
GUTHRIE AHC	174	68%		+	84%		+	76%	↓	+	70%		
ILLINOIS	320	76%		+	84%		+	84%	↓	+	87%	↑	
INDIANA	631	75%	↓	+	88%		+	89%		+	75%		
IRELAND ACH	568	76%		+	89%		+	90%	↑	+	77%		
JAMES A LOVELL FED HEALTH CARE CENTER	207	82%		+	89%		+	91%		+	71%		
JOHNS HOPKINS MEDICAL SERVICES CORPORATION	154	72%		+	89%		+	90%		+	75%		
KELLER ACH	429	74%		+	88%		+	88%		+	76%		
KENNER AHC	319	73%		+	90%		+	89%		+	79%		
KENTUCKY	56	85%		+	94%		+	95%		+	63%		
KENTUCKY-EXCLUDING FT CAMPBELL AREA	252	73%		+	89%		+	88%		+	77%		
KIMBROUGH AMBULATORY CARE CENTER	1,040	77%		+	89%		+	90%		+	78%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
MAINE	275	75%	↓	+	91%		+	95%		+	73%		
MARTIN'S POINT HEALTH CARE	151	80%		+	90%		+	89%		+	93%		
MARYLAND	51	67%		+	77%	↓		90%		+			
MASSACHUSETTS	187	75%		+	88%		+	88%		+	89%		
MCDONALD ARMY HEALTH CENTER	181	75%		+	90%		+	92%		+	89%		
MICHIGAN	799	73%		+	88%		+	88%		+	81%		
NAVAL HLTH CLINIC NEW ENGLAND	663	80%		+	91%		+	90%		+	74%		
NEW JERSEY	89	77%	↑	+	87%		+	95%	↑	+			
NEW YORK	497	77%		+	91%		+	89%		+	82%		
NH CAMP LEJEUNE	475	63%		+	79%		+	78%		+	75%		
BMC COLTS NECK EARLE	194	68%		+	82%		+	83%		+	84%		
NHC ANNAPOLIS	163	76%		+	93%	↑	+	92%		+	83%		
NHC CHERRY POINT	319	70%	↓	+	89%		+	88%		+	73%		
NHC PATUXENT RIVER	185	70%		+	89%		+	86%		+	74%		
NHC QUANTICO	271	74%		+	90%		+	90%		+	78%		
NMC PORTSMOUTH	1,386	73%		+	88%		+	87%		+	85%		
NORTH CAROLINA	1,202	75%		+	88%		+	88%		+	79%		
OHIO	764	76%		+	90%		+	90%		+	82%		
PENNSYLVANIA	698	79%		+	89%		+	90%		+	83%		
VERMONT	102	74%		+	86%		+	89%		+	78%		
WALTER REED NATIONAL MILITARY MEDICAL CNTR	198	70%		+	87%		+	84%		+	77%		
WESTERN WEST VIRGINIA	228	61%	↓	+	78%	↓	+	84%	↓	+	74%		
WISCONSIN	540	77%		+	88%		+	91%	↓	+	82%		
WOMACK AMC	527	72%		+	83%		+	85%		+	74%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

6.2 TRICARE Regional Office South

South region respondents' satisfaction measures and composite measures are highlighted in Exhibits 36 and 37. South region users rated higher than the benchmarks for each of the composite measures (*Getting Care When Needed, Doctors' Communication,* and *Office Staff*). However, South region rating for *Getting Care When Needed* was significantly lower when compared to the 2011 composite rating. For the satisfaction ratings, Christus Health USFHP users report the highest for *Satisfaction with Health Care* (90%), *Seeing Provider When Needed* (93%), and *Overall Satisfaction with Care* (95%).

Exhibit 36. MTF Service Area Level Results – Overall Satisfaction Measures (TRO South)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
PC	56,316	77%	↑	+	62%	↑		60%			85%	↓		88%		
South	22,055	78%		+	63%			63%			85%	↓		88%		
14th MEDICAL GROUP	62	66%	↓		51%			58%			79%			89%		
17th MEDICAL GROUP	97	75%			48%	↓		53%			79%			84%		
19th MEDICAL GROUP-LITTLE ROCK	460	74%			59%			62%			79%			90%	↑	
1st SPECIAL OPERATIONS MEDICAL GROUP	259	76%			56%			52%			87%			91%		
20th MEDICAL GROUP	234	67%			54%			59%			88%			89%		
23rd MEDICAL GROUP	274	78%		+	58%			61%			85%			86%		
2nd MEDICAL GROUP	390	80%		+	64%	↑		55%	↑		85%			90%	↑	
359th MEDICAL GROUP	150	81%		+	65%	↑		66%			82%			89%		
42ND MEDICAL GROUP	296	70%	↓		50%			43%	↓		84%			84%		
45th MEDICAL GROUP	354	76%	↑		69%			69%			86%			86%		
59th MEDICAL WING	283	78%		+	61%			66%			80%			87%		
628th MEDICAL GROUP	429	82%		+	66%			63%			85%			91%		
6th MEDICAL GROUP	1,111	78%		+	66%			66%			86%			87%		
71st MEDICAL GROUP	50	56%	↓	L	25%	↓		44%			78%			70%	↓	
72nd MEDICAL GROUP	741	80%	↑	+	54%			54%			87%	↑		90%		
78th MEDICAL GROUP	441	72%	↓		49%	↓		52%			79%	↓		87%	↓	

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
7th MEDICAL GROUP	278	73%			54%	↑		55%			87%			87%		
81st MEDICAL GROUP	116	67%	↓		59%			69%			91%	↑		82%		
82nd MEDICAL GROUP	176	75%			52%	↑		50%			80%			90%		
96th MEDICAL GROUP	101	82%		+	59%			61%			78%			93%		
97th MEDICAL GROUP	61	80%			52%			48%			84%			91%		
ALABAMA	639	83%	↑	+	70%			66%			86%	↓		90%	↑	
ARKANSAS	315	79%		+	61%	↓		75%			86%			90%		
BAYNE-JONES ACH	65	65%			52%			49%			88%			85%		
BLANCHFIELD ACH	359	75%			55%			53%			78%			80%	↓	
CHRISTUS HEALTH USFHP	56	87%		+	90%	↑		77%			93%			95%		
DARNALL AMC	741	77%	↑	+	60%			62%			79%			89%		
EASTERN TEXAS	1,612	78%		+	66%			70%	↑		86%	↓		89%		
EISENHOWER AMC	595	76%		+	62%			61%			83%			88%		
FOX ARMY HEALTH CENTER	303	77%		+	55%			49%	↓		87%			91%		
GEORGIA	1,123	80%		+	66%			66%			84%	↓		89%		
LYSTER AHC	276	77%		+	58%			66%			84%			89%		
MARTIN ACH	553	77%		+	54%			56%	↓		84%			88%		
MISSISSIPPI	559	77%		+	66%			68%			87%			90%		
MONCRIEF ACH	362	74%	↓		65%			65%			83%			88%		
NAVAL HEALTH CLINIC CHARLESTON	118	82%		+	73%			53%			92%			89%		
NH BEAUFORT	147	82%		+	68%	↑		61%			81%			87%		
NH JACKSONVILLE	1,114	77%		+	62%			62%			85%			88%		
NH PENSACOLA	1,453	77%		+	60%			61%			86%			90%		
NHC CORPUS CHRISTI	779	80%		+	64%			66%			87%			88%		
OKLAHOMA	230	79%		+	67%			69%			88%			89%		
REYNOLDS ACH	156	72%			47%			58%			79%			89%		
SAN ANTONIO MILITARY MEDICAL CENTER-SAMMC	317	83%	↑	+	56%			56%			80%			86%		
SOUTH CAROLINA	442	80%		+	66%			72%			89%			86%	↓	
TENNESSEE	1,056	79%		+	68%			65%			88%			89%		

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
WINN ACH	516	79%	↑	+	62%	↑		66%	↑		82%			87%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 37. MTF Service Area Level Results – Composite Measures (TRO South)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
PC	56,316	73%	↓	+	88%		+	89%		+	80%	↑	
South	22,055	72%	↓	+	88%		+	89%		+	81%	↑	
14th MEDICAL GROUP	62	59%	↓		74%	↓		84%		+			
17th MEDICAL GROUP	97	61%	↓	+	85%		+	89%		+			
19th MEDICAL GROUP-LITTLE ROCK	460	71%		+	86%		+	84%	↓	+	77%		
1st SPECIAL OPERATIONS MEDICAL GROUP	259	73%		+	89%		+	92%		+	89%		
20th MEDICAL GROUP	234	61%		+	89%		+	81%		+	77%		
23rd MEDICAL GROUP	274	75%		+	86%		+	88%		+	81%	↑	
2nd MEDICAL GROUP	390	72%		+	89%		+	87%		+	90%		
359th MEDICAL GROUP	150	71%		+	89%		+	90%		+	74%		
42ND MEDICAL GROUP	296	68%		+	86%		+	84%	↓	+	84%		
45th MEDICAL GROUP	354	67%		+	88%	↑	+	90%		+	91%	↑	
59th MEDICAL WING	283	64%	↓	+	85%		+	86%		+	83%		
628th MEDICAL GROUP	429	78%		+	89%		+	91%		+	76%		
6th MEDICAL GROUP	1,111	72%		+	87%		+	88%		+	85%		
71st MEDICAL GROUP	50	65%		+	63%			60%					
72nd MEDICAL GROUP	741	75%		+	90%		+	91%	↑	+	85%		
78th MEDICAL GROUP	441	73%		+	89%		+	84%	↓	+	90%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
7th MEDICAL GROUP	278	70%		+	87%		+	85%		+	87%		
81st MEDICAL GROUP	116	71%		+	76%	↓		83%		+	77%		
82nd MEDICAL GROUP	176	78%		+	86%		+	88%		+	78%		
96th MEDICAL GROUP	101	73%		+	88%		+	90%		+	88%		
97th MEDICAL GROUP	61	74%		+	86%		+	92%		+	76%		
ALABAMA	639	76%		+	91%		+	92%		+	84%		
ARKANSAS	315	68%		+	89%		+	90%		+	79%		
BAYNE-JONES ACH	65	61%	↓	+	88%		+	88%		+	75%		
BLANCHFIELD ACH	359	64%	↓	+	82%		+	80%		+	75%		
CHRISTUS HEALTH USFHP	56	79%		+	95%		+	95%		+			
DARNALL AMC	741	68%		+	88%		+	87%		+	72%		
EASTERN TEXAS	1,612	74%		+	89%		+	89%		+	76%		
EISENHOWER AMC	595	73%		+	88%		+	85%		+	81%		
FOX ARMY HEALTH CENTER	303	65%	↓	+	87%		+	90%		+	81%		
GEORGIA	1,123	74%		+	88%		+	88%		+	78%		
LYSTER AHC	276	74%		+	87%		+	93%		+	78%		
MARTIN ACH	553	71%		+	87%		+	88%		+	85%		
MISSISSIPPI	559	67%		+	87%		+	86%		+	90%	↑	
MONCRIEF ACH	362	71%		+	87%		+	92%		+	91%	↑	
NAVAL HEALTH CLINIC CHARLESTON	118	75%		+	93%		+	91%		+	92%		
NH BEAUFORT	147	77%		+	91%		+	92%		+	78%		
NH JACKSONVILLE	1,114	76%		+	88%		+	90%		+	80%		
NH PENSACOLA	1,453	72%		+	87%		+	89%		+	79%		
NHC CORPUS CHRISTI	779	70%		+	89%		+	89%		+	79%		
OKLAHOMA	230	74%		+	92%	↑	+	93%	↑	+	79%		
REYNOLDS ACH	156	67%		+	86%	↑	+	90%		+	74%		
SAN ANTONIO MILITARY MEDICAL CENTER-SAMMC	317	73%		+	89%		+	90%		+	74%		
SOUTH CAROLINA	442	74%		+	88%		+	92%		+	84%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
TENNESSEE	1,056	74%		+	89%		+	90%		+	82%		
WINN ACH	516	73%		+	88%		+	89%	↑	+	83%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

6.3 TRICARE Regional Office West

Exhibits 38 and 39 highlight the satisfaction scores and composite scores for West region survey respondents. For the overall satisfaction measures, respondents rated *Satisfaction with Provider* higher than the civilian benchmark (Exhibit 38). There was a significant increase in respondents rating *Satisfaction with Health Care* higher when compared to the ratings in 2011. Like the other regions, West region users rated the composite measures significantly higher than the civilian benchmark for *Getting Care When Needed, Doctors' Communication,* and *Office Staff*. Although the TRO West was rated higher than the civilian benchmark for *Getting Care When* Needed, the rating was still significantly lower when compared to the 2011 score (Exhibit 39).

Exhibit 38. Purchased Care MTF Service Area Level Results – Overall Satisfaction Measures (TRO West)

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
Benchmark		71%														
PC	56,316	77%	↑	+	62%	↑		60%			85%	↓		88%		
West	16,254	77%		+	61%	↑		61%			84%	↓		88%		
10TH MEDICAL GROUP	52	71%			60%			56%			90%			95%		
21st MEDICAL GROUP	68	86%		+	54%			40%			80%			85%		
22nd MEDICAL GROUP	228	74%			57%			64%			82%			90%		
27th SPECIAL OPERATIONS MEDICAL GROUP	94	60%		-	24%			42%			70%			70%		
28th MEDICAL GROUP	162	86%	↑	+	53%			46%			83%			90%	↑	
30th MEDICAL GROUP	149	75%			59%			63%			87%			91%		
341st MEDICAL GROUP	115	76%			52%			53%			76%			86%		
354th MEDICAL GROUP	50	61%			24%			21%			76%			93%		
355th MEDICAL GROUP	567	80%		+	62%	↑		55%			83%			89%		
377th MEDICAL GROUP	296	76%			60%			55%			81%			89%		
412th MEDICAL GROUP	101	62%			57%			59%			83%			83%		
460th MED GRP-BUCKLEY AFB	442	80%		+	66%			62%			81%			86%		
49th MEDICAL GROUP	86	57%		-	40%			45%			79%			86%		
509th MEDICAL GROUP	137	73%			55%			60%	↑		79%			90%		
55th MEDICAL GROUP	289	82%		+	53%			46%			84%			86%		

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
56th MEDICAL GROUP	686	78%		+	63%			64%			83%			87%		
5th MEDICAL GROUP	92	79%			46%			55%			79%			91%	↑	
60th MEDICAL GROUP	582	76%		+	62%			65%			84%			86%	↓	
61st MEDICAL GROUP	413	70%	↓		63%			63%			79%			86%		
673rd MEDICAL GROUP	126	72%			35%			49%			76%	↓		83%		
75th MEDICAL GROUP	406	74%			60%			67%	↑		80%	↓		86%		
90th MEDICAL GROUP	118	86%	↑	+	50%			47%			72%	↓		82%		
92nd MEDICAL GROUP	227	76%			60%			64%			87%			92%		
9th MEDICAL GROUP	113	75%			59%			75%			76%	↓		83%		
ALASKA	85	74%			51%			44%			81%			91%		
ARIZONA-EXCLUDING YUMA AREA	216	73%			64%			72%			86%			90%		
COLORADO	171	80%		+	67%			71%			90%			86%		
EVANS ACH	675	77%		+	53%			55%			83%			89%		
IOWA-EXCLUDING QUAD CITIES AREA	372	82%		+	65%			73%			84%			89%		
IRWIN ACH	129	66%	↓		40%			50%			87%			88%		
KANSAS	194	77%			67%			58%	↓		86%			86%		
L. WOOD ACH	106	71%			57%			62%			81%			78%	↓	
MADIGAN AMC	602	76%		+	59%			56%			84%			87%		
MIKE O'CALLAGHAN FEDERAL HOSPITAL	335	75%			58%			58%			82%			91%	↑	
MINNESOTA	542	78%		+	63%	↓		67%			86%			87%		
MONTANA	168	80%		+	67%			68%			83%			86%		
MUNSON ARMY HEALTH CENTER	441	79%		+	65%			60%	↓		85%			88%		
NEBRASKA	200	81%	↑	+	68%	↑		65%			77%			89%		
NEVADA	133	74%			67%			76%	↑		82%			83%		
NEW MEXICO	82	77%			62%			72%			86%			87%		
NH BREMERTON	137	80%		+	55%			52%			79%			86%		
NH CAMP PENDLETON	901	76%	↑	+	62%			67%	↑		86%			90%		

	N	Satisfaction with Provider [1,2]			Satisfaction with Health Care [1,2]			Satisfaction with Plan [1,2]			Seeing Provider When Needed [1,2]			Overall Satisfaction with Care [1,2]		
NH LEMOORE	162	77%			67%	↑		69%			76%			92%		
NH OAK HARBOR	71	77%			53%			60%			84%			84%		
NH TWENTYNINE PALMS	94	71%			59%			60%			83%			79%		
NHC HAWAII	105	85%		+	67%	↑		65%	↑		88%			91%		
NHCL EVERETT	345	81%		+	64%	↑		56%			87%			92%		
NMC SAN DIEGO	725	75%		+	65%			62%			85%	↓		89%		
NORTH DAKOTA	179	83%		+	73%			68%			83%			81%	↓	
OREGON	587	76%		+	64%			61%			85%			89%		
PACIFIC MEDICAL CLINICS	86	92%		+	75%			80%			90%			91%		
R W BLISS ARMY HEALTH CENTER	90	89%	↑	+	65%			51%			80%			87%		
SOUTH DAKOTA	125	84%	↑	+	80%	↑		72%			87%			91%		
SOUTHERN IDAHO	330	78%		+	57%			63%			83%			92%	↑	
TRIPLER AMC	149	76%			57%			43%			86%			88%		
UTAH	206	80%		+	73%			71%			83%			85%	↓	
WASHINGTON	281	73%			63%			58%			88%			87%		
WESTERN MISSOURI	433	77%		+	61%			62%			84%			89%		
WILLIAM BEAUMONT AMC	300	68%			54%			58%			84%			87%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

Exhibit 39. MTF Service Area Level Results – Composite Measures (TRO West)

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
Benchmark		47%			72%			64%					
PC	56,316	73%	↓	+	88%		+	89%		+	80%	↑	
West	16,254	73%	↓	+	88%		+	89%		+	78%	↑	
10TH MEDICAL GROUP	52	84%		+	91%		+	86%		+			
21st MEDICAL GROUP	68	69%		+	93%		+	88%		+			
22nd MEDICAL GROUP	228	70%		+	85%		+	89%		+	85%		
27th SPECIAL OPERATIONS MEDICAL GROUP	94	71%		+	66%	↓		74%	↓	+			
28th MEDICAL GROUP	162	89%		+	91%		+	96%	↑	+	74%		
30th MEDICAL GROUP	149	69%		+	89%		+	92%	↑	+	85%		
341st MEDICAL GROUP	115	74%		+	86%		+	85%		+			
354th MEDICAL GROUP	50	65%	↓	+	88%		+	76%	↓	+			
355th MEDICAL GROUP	567	69%	↓	+	88%		+	88%		+	74%		
377th MEDICAL GROUP	296	71%		+	87%		+	85%		+	81%		
412th MEDICAL GROUP	101	67%		+	76%			83%		+	77%		
460th MED GRP-BUCKLEY AFB	442	78%		+	89%		+	88%		+	69%		
49th MEDICAL GROUP	86	61%	↓	+	78%			75%	↓	+			
509th MEDICAL GROUP	137	79%	↑	+	90%	↑	+	91%	↑	+	87%		
55th MEDICAL GROUP	289	78%		+	90%		+	87%		+	78%		
56th MEDICAL GROUP	686	72%		+	87%		+	89%		+	76%		
5th MEDICAL GROUP	92	69%	↓	+	83%		+	81%		+			
60th MEDICAL GROUP	582	72%	↓	+	86%		+	89%		+	81%		
61st MEDICAL GROUP	413	69%		+	84%		+	84%		+	75%		
673rd MEDICAL GROUP	126	77%		+	86%		+	90%		+	64%		
75th MEDICAL GROUP	406	75%		+	86%		+	89%		+	78%		
90th MEDICAL GROUP	118	77%		+	92%		+	86%		+			
92nd MEDICAL GROUP	227	78%		+	90%		+	91%		+	87%	↑	
9th MEDICAL GROUP	113	72%		+	83%		+	89%		+	82%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
ALASKA	85	63%		+	86%		+	71%	↓				
ARIZONA-EXCLUDING YUMA AREA	216	70%		+	85%		+	90%		+	76%		
COLORADO	171	78%		+	92%		+	94%		+	92%		
EVANS ACH	675	74%		+	86%		+	87%		+	76%		
IOWA-EXCLUDING QUAD CITIES AREA	372	80%		+	89%		+	94%		+	80%		
IRWIN ACH	129	67%	↓	+	84%		+	88%	↓	+	77%		
KANSAS	194	80%		+	91%		+	90%		+	85%		
L. WOOD ACH	106	71%		+	84%		+	80%		+	87%		
MADIGAN AMC	602	75%		+	86%		+	89%		+	82%		
MIKE O'CALLAGHAN FEDERAL HOSPITAL	335	65%		+	87%		+	87%		+	83%		
MINNESOTA	542	73%	↓	+	89%		+	92%		+	74%		
MONTANA	168	74%		+	91%	↑	+	96%	↑	+	87%		
MUNSON ARMY HEALTH CENTER	441	79%		+	90%		+	92%		+	79%		
NEBRASKA	200	86%		+	91%		+	87%		+	95%		
NEVADA	133	74%		+	85%		+	88%		+	86%		
NEW MEXICO	82	62%	↓	+	83%		+	86%		+	80%		
NH BREMERTON	137	76%		+	91%		+	94%		+	82%		
NH CAMP PENDLETON	901	76%		+	87%		+	88%		+	81%		
NH LEMOORE	162	67%		+	85%		+	88%		+	73%		
NH OAK HARBOR	71	79%		+	89%		+	92%		+	61%		
NH TWENTYNINE PALMS	94	75%		+	86%		+	88%		+	89%		
NHC HAWAII	105	72%		+	89%		+	90%		+	61%		
NHCL EVERETT	345	78%		+	90%		+	92%		+	67%		
NMC SAN DIEGO	725	72%		+	87%		+	88%		+	80%		
NORTH DAKOTA	179	80%		+	95%		+	88%		+	86%		
OREGON	587	78%		+	89%		+	91%		+	82%		
PACIFIC MEDICAL CLINICS	86	82%		+	93%		+	98%		+	74%		
R W BLISS ARMY HEALTH CENTER	90	80%		+	93%	↑	+	93%	↑	+	89%		

	N	Getting Care When Needed [1,2]			Doctors' Communication [1,2]			Office Staff [1,2]			Access to Mental Health Care [1,2]		
SOUTH DAKOTA	125	76%		+	97%	↑	+	93%		+	77%		
SOUTHERN IDAHO	330	71%		+	90%		+	93%		+	86%		
TRIPLER AMC	149	69%		+	87%		+	88%		+	76%		
UTAH	206	75%		+	85%		+	89%		+	63%		
WASHINGTON	281	73%		+	88%		+	88%		+	77%		
WESTERN MISSOURI	433	73%		+	89%		+	89%	↓	+	78%		
WILLIAM BEAUMONT AMC	300	63%		+	80%		+	82%		+	69%		

[1]"↑" indicates significant increase since 2011. "↓" indicates significant decrease since 2011.
[2]"+" indicates significantly above the benchmark. "-" indicates significantly below the benchmark

7.0 Special Studies

For the 2012 reporting period a special study was constructed to improve the prediction of patient satisfaction. DHCAPE researchers conduct an annual special study to more completely describe and understand survey results. The details of this study follows.

7.1 Background

Health care professionals and policy makers have a vested interest in determining what impacts patient satisfaction. In the literature, it has been noted that higher patient satisfaction is associated with improved health or quality health care. For example, a study done by Glickman, et al (2010) found that heart attack patients with a high level of satisfaction were more likely to have been treated with methods approved and promoted by the American College of Cardiology and the American Heart Association. This finding suggests that patients are good discriminators of the type of care they received. Over time, measurement of patient satisfaction has become standardized with the suite of Consumer Assessment Health Plan Surveys (CAHPS©). The TRICARE Outpatient Satisfaction Survey (TROSS) has several outcome measures which include: satisfaction with health plan, satisfaction with provider, and satisfaction with health care. Regularly, TROSS researchers review the outcome of these measures holding multiple independent variables constant using logistic regression. This study will focus on satisfaction with health care.

TROSS currently takes into consideration many factors when determining drivers of satisfaction with health care; however, there may be additional factors that could account for differences in outpatient satisfaction. Some of the factors currently measured in the TROSS regression analysis include respondent age, health, beneficiary category, and type of care (primary vs. other), as well as region, prime service area enrollment status, and MTF Service affiliation as shown in Exhibit 40. However, even with all these factors taken into account, analysis of 2011 data showed a c statistic of 85% for the Direct Care model (Exhibit 44). Interpreted, 85% represents the percent of variables in the model that can be used to accurately reproduce results and correctly group respondents into satisfied and unsatisfied. In logistic regression the lower bounds of the c statistic is 50%, not 0% as in linear regression; therefore, these numbers can be improved.

Previous TROSS regression analysis already included many factors typically reported in the literature as predictors of patient satisfaction; therefore, to improve this prediction, the research must delve into factors less studied, especially in a military population. Beyond the much used and publicized patient-centric predictors of satisfaction, such as age, gender, race/ethnicity, health status etc., there are some non-patient centric aspects of the care, such as details of care facilities at which respondents are seen, and the relationship between provider, or the health system itself, and the respondent. Specifically, there is evidence to suggest that elements such as size of facility, detailed specialty of care received, frequency of visits to the same provider, and recent patient location switches may be associated with patient satisfaction. (Baker, R; Saijadi, S; Jackson, J; and Randall, E). The 2012 TROSS special study was designed to develop and test these factors for predictive power of patient satisfaction with outpatient care.

7.2 Methods

The study to look at satisfaction with health care was done in several steps: new variable construction, new variable testing, and logistic regression modeling. As described above, the new variables that were created looked at facility size, specialty of care, frequency of visits to the same provider, and recent location switch of the patient. These variables were constructed using additional data from the Military Health System Data Repository (MDR), and matched to the 2012 TROSS respondent population. A summary of the construction of each of the variables is outlined below:

- *Facility Size*: facility size can be measured in two ways: number of providers or the sum of the workload, per facility, during the 2012 time-frame. For each unique Direct Care facility visited by TROSS respondents, the number of providers and the sum of RVUs will be calculated for January 2012 through December 2012.
- *Specialty of care*: specialty of care was measured by claims details for the encounter on which a TROSS respondent was sampled, such as MEPRS codes for Direct Care.
- *Frequency of visits to the same provider*: frequency of visits was based on the provider seen for the encounter that triggered the TROSS survey. Per respondent, the number of visits to that provider between January 2012 and December 2012 was summed.
- *Recent location switch of the patient*: recent location switch was based on the zip code of the encounter per TROSS respondent. At the two digit level, United States zip codes differentiate between states. TROSS respondents who had more than one encounter in two different states between January 2012 and December 2012 were flagged as likely having recently moved.

New variables were tested on how well they fit the TROSS respondent population, and how they related to the outcome variable; lastly, each variable was tested for how much it adds to the final model. After variable construction, the values of the variables were examined through histograms and frequencies. Then, each variable was tested independently with the outcome variable through univariate analysis. If the variable was significantly associated with the outcome variable it was included in the next phase of analysis: full logistic regression analysis. . Here, a variable is deemed significantly associated with the outcome variable if the odds ratio is below or above 1.0 and the confidence intervals do not include one or the p-value is less than or equal to 0.05. An odds ratio is a ratio of probabilities: the likelihood of event A occurring in population X compared to the likelihood of event A occurring in population Y. An odds ratio of 1.0 is not considered a predictor of an outcome as both groups have equal probability of arriving at that outcome. An odds ratio above 1.0 indicates a higher probability of arriving at the outcome, while an odds ratio below 1.0 indicates a lower probability of arriving at the outcome. The greater the distance from 1.0 the higher the association between the variable of interest and the outcome variable. Variables significantly associated with the outcome variable were tested in the existing TROSS logistic regression model. Variables make it to the full, final model if they contributed positively to the -2 log likelihood and the overall model p-value remained significant. The final outcome of an improved model was measured by the c-statistic.

7.3 Results

For the January 2012 to December 2012 TROSS reporting period there were 121,080 respondents: 64,764 Direct Care and 56,316 Purchased Care. As noted in the TROSS

respondent findings, most respondents were Army (36%), Active Duty (40%), and between the ages of 35 and 54 (34%).

For Direct Care (DC) variable creation, the study team successfully created two facility size variables (number of providers and the sum of the workload, per facility), a number of encounters variable, a recent location switch variable, and expanded the care type specialty to view a wider range of care. Details of new variables outlined below are summarized in Exhibit 41. Results of the univariate analyses are shown in Exhibit 42, and results of the full regression model are shown in Exhibit 43.

Facility Size 1 (number of providers): ranged from 1 to 2598 with an average of 129 and was populated for all DC TROSS respondents. Values were grouped into three equally populated categories (33.3% of respondents each): small (0 to 22), medium (23 to 100), and large (101+) (Exhibit 41). When tested directly against the outcome variable of satisfaction with health care, facility size 1, medium vs. small and large vs. small, positively predicted satisfaction with respective ORs of 1.3 and 1.4 with significant 95% confidence intervals (range not including one) (Exhibit 42).

Facility Size 2 (sum of RVU workload): ranged from 0 to 3,020,539.52 with an average of 178,513.66 RVU, and was populated for all DC TROSS respondents. Values were grouped into three equally populated categories (33.3% of respondents each): low (0 to 17,165.28), moderate (17,165.29 to 120,204.36), and high (120,204.37+) (Exhibit 41). When tested directly against the outcome variable of satisfaction with health care, facility size 2, moderate vs. low and high vs. low, positively predicted satisfaction with respective ORs of 1.1 and 1.3 with significant 95% confidence intervals (range not including one) (Exhibit 42).

Frequency of visits to the same provider: ranged from 1 to 168 with an average of 3 and was populated for all DC TROSS respondents. Values were grouped into two categories: 1 visit (48%) and more than 1 visit (54%). When tested directly against the outcome variable of satisfaction with health care the number of visits to the same provider, more than 1 vs. 1, positively predicted satisfaction with an OR of 1.2 with a significant 95% confidence interval (range not including one).

Recent location switch of the patient: was categorized as either yes (1) or no (0) with 20% of the DC population having a likely, recent location switch between states prior to their TROSS survey. When tested directly against the outcome variable of satisfaction with health care, recent location switch yes vs. no had an inverse relationship with an OR of 0.8 with significant 95% confidence intervals (range not including one). This inverse relationship means that patients who recently moved are less likely to be satisfied with their health care than those who did not recently move.

Specialty of care: was categorized into eight types of care: primary care (1), orthopedics (2), optometry (3), Internal Medicine (4), Mental Health (5), OBGYN (6), Other non-specialty (7), and Other specialty (8). Other specialty includes Dermatology, Otolaryngology, ER care, Surgery, and Surgery specialty. The majority of DC TROSS respondents (50%) had an encounter with Primary Care, while 12% were seen for orthopedics. The remaining types of care were each represented between 5% and 8% in the DC TROSS respondent population. When tested directly against the outcome variable of satisfaction with health care, optometry, internal medicine, and other specialty vs. primary care positively predicted patient satisfaction with respective ORs of

1.2, 1.5, and 1.1. Other types of care vs. primary care had an inverse relationship with ORs of 0.9. All had significant 95% confidence intervals (range not including one).

The final model for Direct Care included size facility1 instead of size facility2, and all the additional new variables. The original model for DC respondents in 2012 had a c statistic of 0.846. The expanded model, including new variables, also had a c statistic of 0.846. New variables maintained their level of significant predictive power seen in univariate analyses (Exhibit 42). The fact that the c statistic remained the same from the full model to the full model with the additional variables meant that as a whole the model did not predict the results better with the inclusion of the additional variables. However, the addition of the new variables still can contribute to the model at the individual variable level. It can affect various parts of the model such as the odds ratio, confidence interval, p-value, and wald chi-sq.

Exhibit 40. Construction of New Variables for Regression and Population Distribution

Satisfaction with health care =	Doctor communication composite
	Office staff composite
	Access to care composite
	MHS composite
	Mental health composite
	Type of care (primary care vs. other ('specialty'))
	Age
	Gender
	Beneficiary category
	MTF Service affiliation
	Overall health
	TRO region
	PSA enrollment
(Proposed new elements)	*Detailed specialty of care*
	Frequency of visits to provider (Derived)
	Size of facility (Sample/MDR or Derived)
	Recent location switch (Derived)

Exhibit 41. Construction of New Variables for Regression and Population Distribution

Variable	Min	Max	Average	Levels for Regression
size facility1 (number of providers)	1	2598	129	small (0-22), medium (23-100), large (101+)
proportion of population				*small (1%), medium (14%), large (85%)*
size facility2 (sum of RVU workload)	0	3020540	178513.7	low (0-17,165.28), moderate (17,165.29-120,204.36), high (120,204.37+)
proportion of population				*low (1%), moderate (14%), high (85%)*
Frequency of visits to the same provider	1	168	3	1 visit, more than 1 visit
proportion of population				*1 visit (46%), more than 1 visit (54%)*
Recent location switch of patient	0	1	NA	yes, no
proportion of population				*yes (20%), no (80%)*
Specialty of care	NA	NA	NA	Primary Care, Orthopedics, Optometry, Internal Medicine, Mental Health, OBGYN, Other non-specialty, Other specialty
proportion of population				*Primary Care (50%), Orthopedics (20%), Optometry (7.6%), Internal Medicine (5.5%), Mental Health (5.6%), OBGYN (4.7%), Other non-specialty (6.8%), Other specialty (7.7%)*

Exhibit 42. Predictive Power of New Variables Versus Satisfaction With Health Care: Univariate Analyses

Variable	Wald Chi-Sq	P-value	OR	95%CI L	95%CI U
size facility1 (number of providers)	9226.6947	<.0001	---	---	---
size facility medium vs. small			1.3	1.24	1.269
size facility large vs. small			1.4	1.403	1.435
size facility2 (sum of RVU workload)	10033.7226	<.0001	---	---	---
size facility moderate vs. low			1.1	1.091	1.118
size facility high vs. low			1.3	1.266	1.296
Frequency of visits to the same provider	38757.9067	<.0001	---	---	---
More than 1 visit vs. 1 visit			1.2	1.237	1.242
Recent location switch of patient	17406.6582	<.0001	---	---	---
recent switch vs. no			0.8	0.836	0.841
Specialty of care	79114.5084	<.0001	---	---	---
Orthopedics vs. Primary care			0.8	0.778	0.783
Optometry vs. Primary care			1.2	1.169	1.18
Internal Medicine vs. Primary care			1.5	1.467	1.482
Mental Health vs. Primary care			0.8	0.753	0.76
OBGYN vs. Primary care			0.9	0.896	0.905
Other non-specialty vs. Primary care			0.9	0.94	0.948
Other specialty vs. Primary care			1.1	1.13	1.14

Exhibit 43. Multivariate Regression Model Results

Variable & Comparison	OR	95% CI L	95% CI U
Access to Care	1.569	1.564	1.575
Doctors' Communication	2.318	2.31	2.326
Office Staff	2.171	2.162	2.18
MHS	9.537	9.505	9.568
Mental Health	4.106	4.056	4.156
Female	0.892	0.889	0.894
Age 18-24	1.884	1.85	1.919
Age 25-34	1.195	1.19	1.2
Age 45-64	1.22	1.216	1.224
Age 65+	2.257	2.224	2.29
MTF- Air Force	1.044	1.041	1.047
MTF- Navy	1.052	1.048	1.055
Active Duty	0.441	0.438	0.443
Active Duty Family	0.679	0.675	0.684
Retired 65+	0.943	0.928	0.958
Overall Health	0.549	0.547	0.55
PSA Non-Area	1.019	1.012	1.025
PSA Enrollment	1.09	1.086	1.095
North	0.935	0.932	0.938
South	1.092	1.088	1.095
OCONUS	1.064	1.056	1.072
Size of Facility, number of providers (Medium vs. Low)	1.277	1.259	1.296
Size of Facility, number of providers (High vs. Low)	1.365	1.346	1.384
Number of Encounters (more than 1 vs. 1)	0.975	0.972	0.978
Location Switch (Yes vs. No)	1.063	1.06	1.067
Type of Care (Orthopedics vs. Primary care)	0.689	0.686	0.692
Type of Care (Optometry vs. Primary care)	0.987	0.982	0.992
Type of Care (Internal Medicine vs. Primary care)	0.956	0.95	0.962
Type of Care (Mental Health vs. Primary care)	0.784	0.78	0.789
Type of Care (OBGYN vs. Primary care)	0.938	0.932	0.944
Type of Care (Other non-specialty vs. Primary care)	0.981	0.975	0.986
Type of Care (Other specialty vs. Primary care)	0.874	0.869	0.879

Exhibit 44. C Statistic Model Results

Model	C Statistic
Full Model (No New Variables Included)	0.846
Full Model (New Variables Included)	0.846

7.4 Conclusions

All new variables tested, including facility size, frequency of visits to the same provider, location switch, and specialty of care, did show low-level predictive power with for satisfaction with health care in the expected directions. These variables are labeled as low-level predictors as the odds ratios were above or below 1.0, but not greatly above or below. Odds ratios are generally considered strong predictors if they are double or more, or half or less in size such as 2.0 or above, or 0.5 and below.

A larger facility may be more confusing to navigate, have higher patient to provider ratios, but also may have more specialized, experienced caregivers. This latter possibility is in line with the findings of this study, which found an OR of a medium vs. small facility to be 1.3 and a large vs. small facility to be 1.4. In both cases, there is a higher probability of patient satisfaction compared to a smaller sized facility. Given the possible reasons for a higher likelihood of satisfaction with a larger facility, the study team believes specialty of care is the most likely reason for results seen here.

Taking the scope back to the patient level, if a patient has had many encounters with the same provider, they may have a stronger relationship and a higher likelihood of feeling satisfied. While the study team expected number of encounters to be a strong predictor of satisfaction, the variable was shown here to be only a low level predictor of increased satisfaction (OR of 1.2). The weak association may again have to do with specialty of care. For instance, many visits with a specialist because of complications would likely be a very different experience than many visits to a PCM for routine and preventive care. TROSS respondents may be receiving care for any number of conditions; hence the results here are unclear.

If a strong relationship with a provider, measured by number of times seen, is related to a higher likelihood of satisfaction, it logically follows that a patient who is new to a care facility and providers may be less likely to be satisfied with their health care. This idea is supported by the inverse relationship found in this study, where the odds ratio was 0.8, meaning that those who recently moved to a different state (20 percent of the direct care population) are less likely to rate their satisfaction highly.

The importance of specialty of care is displayed here as statistically significant to the prediction of patient satisfaction, although with weak associations to patient satisfaction for some of the specialties. Optometry, internal medicine, and 'other specialty' showed a higher likelihood of patient satisfaction as compared to primary care. Internal medicine showed the highest level of predictive power with an OR of 1.5 as compared to 1.2 for optometry and 1.1 for other specialty.

Some care types having an inverse relationship to satisfaction may be due to the complicated or sensitive nature of the care or condition. The specialties with an inverse relationship included orthopedics (OR 0.8), mental health (OR 0.8), OBGYN (OR 0.9), and other non-specialties of care (OR 0.9). This meant that patients with visits for these four specialties are less likely to highly rate their satisfaction with health care compared to patients who receive primary care.

Overall the inclusion of the four new variables to the existing TROSS model showed some interesting results about patient satisfaction; however, there are some limitations that may be masking the relationship between variables and satisfaction with health care (discussed below). Results suggest that specific actions may need to be taken at smaller facilities or by providers of specialty care (orthopedics, mental health, OBGYN, and other non-specialties) to increase patient satisfaction with health care. Additionally, more work may need to be done by facilities to welcome new patients to the practice; this may help increase patients' satisfaction after making a location switch within the United States.

7.5 Limitations

In comparing the original model to the model with new variables we do not see an increase in the c statistic. This meant the additional variables do not significantly add to our ability to re-create the satisfied and dissatisfied populations. This may be due to a related limitation of interaction between the variables. Post-study analysis showed a fairly high correlation between some of the variables in the original model, such as between type of care and facility size, as well as between recent location switch and number of encounters with the same provider. Interactions between variables can mask the true relationship between individual predictors and the outcome variable. Meaning that, without the interaction, odds ratios may be higher or lower, significant or not significant. Further analysis should more closely test interactions as well as alternate forms of the final model for a better fit.

Selected References

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Jackson, Jeffrey L., Judith Chamberlin, and Kurt Kroenke. "Predictors of Patient Satisfaction." Social Science and Medicine 52 (2001): 609:620.

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8.0 Women's Health

8.1 Overview

TRICARE was interested in studying the satisfaction of its women members with outpatient Obstetric and Gynecological (OB/GYN) care provided in Military Treatment Facilities (MTFs). The data collected in the TROSS survey from October 2011 to September 2012 (FY2012) were used to get a deeper understanding of satisfaction with OB/GYN care.

OB/GYN care for survey respondents for FY2012 was determined by first identifying the OB/GYN population based upon the type of clinic in which the outpatient visit occurred. This population was then subset to OB patients, using the primary diagnosis codes (Primary ICD-9) associated with the visit that indicated OB. These selection criteria yielded 2,077 OB/GYN survey responses of which 471 were OB direct care visits and the remaining 1,606 were GYN direct care visits. All other respondents in FY2012 (N= 116,044) receiving other types of care were also included in the analysis for comparison purposes.

8.2 Key Findings

Satisfaction with OB/GYN care was assessed on three measures – 1) access to care; 2) communication with the provider; and 3) communication with office staff. See Appendix A for additional details. As a part of the TROSS survey, respondents are also asked to rate their overall satisfaction with their health care and with their provider – these measures were also assessed for this sub-group of women. Only Direct Care (DC), i.e., care offered by a MTF was assessed as a part of this special study. Data were available from 62 MTFs for analysis; however, MTFs with fewer than 8 responses were excluded from the analysis. The cutoff of at least 8 responses is lower than the rest of this report. It was needed to allow analysis of specific types of respondents within an MTF.

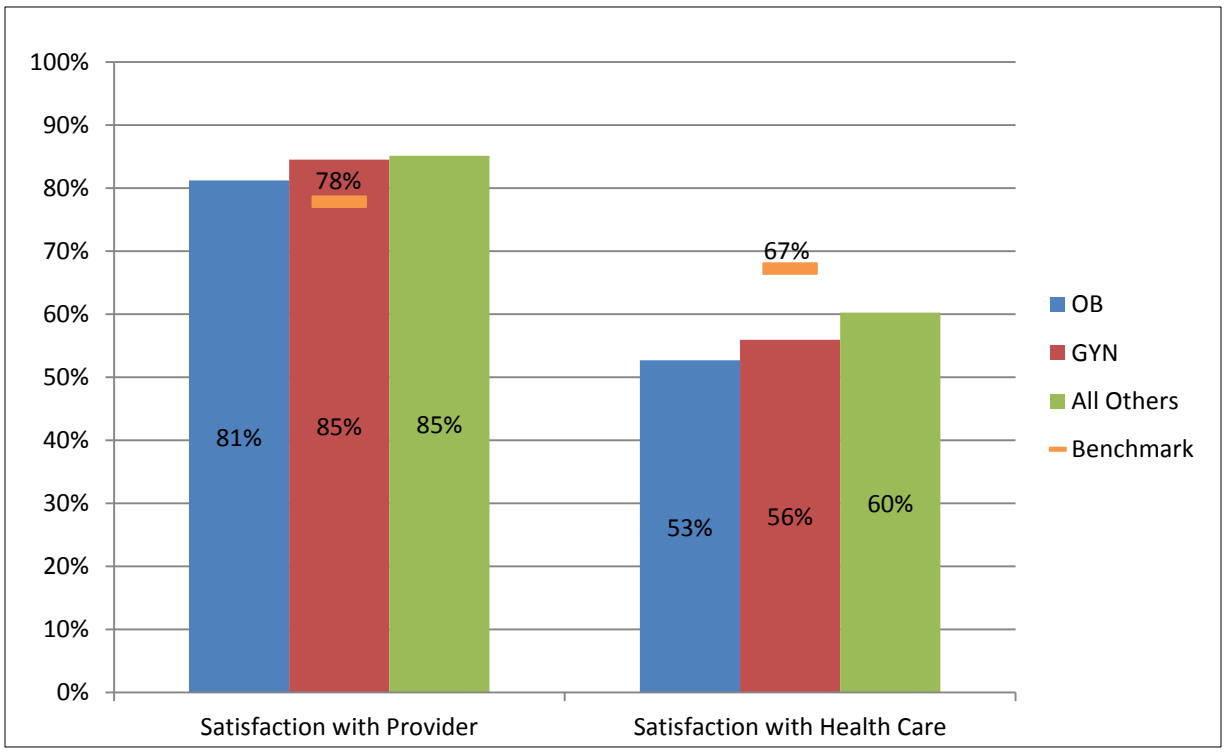
Respondents were asked to rate the health care they received on a scale of 0 to 10, where 0 is worst health care possible and 10 is the best health care possible. Respondents giving a rating between 8 and 10 were considered to be satisfied with health care, which is the Balanced Scorecard criterion. The Balanced Scorecard method is an alternative to the CAHPS criteria that is reported elsewhere in this report. This method considers respondents satisfied if a question or composite score is 8, 9 or 10 (on a 0 to 10 scale). For questions where the scale is on a five point scale, both the CAHPS and Balanced Scorecard method are similar.

Note, while all preceding data presented in this report are from 2012 calendar years TROSS data, the data presented in this section is from FY2012 (October 2011 to September 2012) TROSS data. The TROSS Benchmark scores are weighted estimates reflecting the responses of civilian participants. Three separate sets of benchmark scores are calculated; one for Direct Care, one for Purchased Care, and one for MHS Overall population. Each of these reflects the basic demographic distributions of those populations. More details of the Benchmarking Study can be found on the TROSS website (https://surveys.altarum.org/tross/).

Just over half of the women receiving OB (53%) and GYN (56%) care in FY2012 were satisfied with the health care they received. In comparison, 60% of respondents receiving care other than

OB/GYN care were satisfied with the health care they received. Logistic regression shows that both OB and OB/GYN groups reported statistically significantly lower satisfaction level when compared to all other respondents in FY2012 (p=.004 for OB and p=.001 for GYN). The benchmark satisfaction with health care rating of 67%, which represents the rating given by all TROSS respondents in the first quarter of FY2012, was also higher than those given by women receiving OB and GYN care in FY2012. Exhibit 45 shows the different levels of satisfaction. (Note, because this section uses TROSS data from the first quarter of FY2012 for benchmarking purposes, while the rest of the report uses data from the first quarter of calendar year 2012, there may be some differences in the benchmarks.)

Exhibit 45. Satisfaction With Provider and Health Care in FY 2012



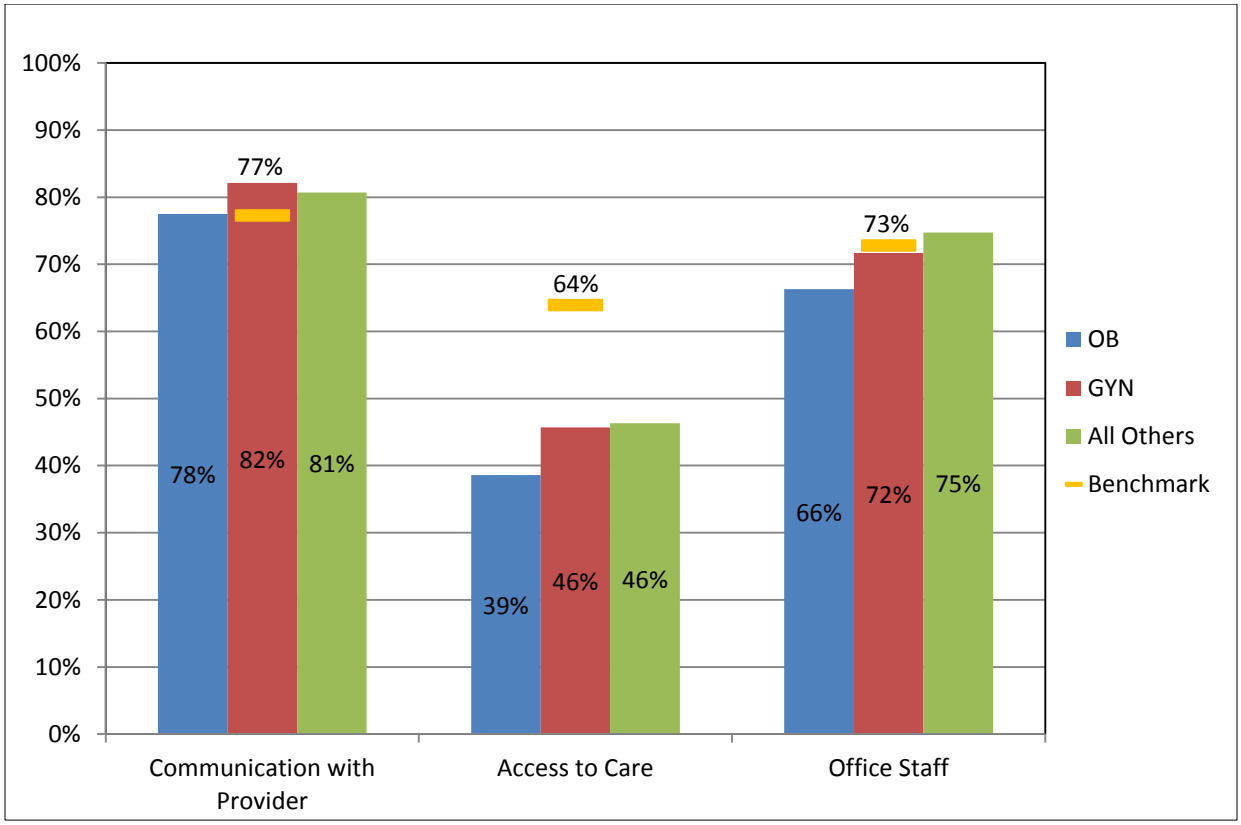
8.2.1 Satisfaction With Provider

Respondents were also asked to rate their provider for the sampled visit. They rated the provider on a scale of 0 to 10, where 0 is the worst possible provider and 10 is the best possible provider. Again, using the Balanced Scorecard method, respondents giving a rating between 8 and 10 were considered to be satisfied with their provider. Overall more than 8 in 10 women in FY2012 were satisfied with both their OB and GYN provider, however, logistic regression shows that women visiting for OB reasons rated their providers statistically significantly lower than all non-OB/GYN respondents in FY2012 ($p < 0.1$). The satisfaction with provider benchmark rating, established based on first quarter FY2012 TROSS data, however, shows that satisfaction with the provider increased over the course of the fiscal year. See Exhibit 45 for details.

8.2.2 Access to Care

The TROSS questionnaire measures access to care using five items. See Appendix A, Section A3 for details. The FY2012 percent satisfied for access to care for OB visits was 39%, while 46% of GYN were satisfied as shown in Exhibit 46. Logistic regression indicated that OB patients were statistically significantly less satisfied with their access to care than non-OB/GYN patients (p=.008). In addition, the composite score for access to care is substantially lower than the benchmark of 64% set by all TROSS respondents in the first quarter of FY2012.

Exhibit 46. Satisfaction With Aspects of Care in FY 2012



8.2.3 Communication With Provider

Six items in the questionnaire are used to create a composite score to indicate satisfaction with communication with the provider. See Appendix A, Section A3.0 for details. As Exhibit 46 shows, satisfaction with communication with provider is substantially higher with more than three-quarter of all respondents expressing satisfaction in FY2012. Respondents on a GYN visit expressed greater satisfaction (82%) than those on an OB visit (78%) and all other non-OB/GYN respondents (81%). However, logistic regression, which controlled for the design effects of the TROSS survey, found only a marginally statistically significantly lower satisfaction between OB respondents compared to respondents receiving non-OB/GYN care (p=.1). Additionally, the composite scores were higher than the benchmark of 77% set in the first quarter of FY2012 by all TROSS respondents.

8.2.4 Office Staff

Two items on the survey questionnaire asked about respondents' experience with the office staff at these facilities and these items were used to create a composite score. See Appendix A, Section A3.0 for details. Overall, about two-thirds of respondents on an OB visit (66%) and 72% of those on a GYN visit expressed satisfaction compared to 75% of all other respondents in FY2012 (see Figure 8.2). OB and GYN respondents were statistically significantly less satisfied than respondents receiving any other type of care (p=.001 for OB and p=.012 for GYN). Their scores were also lower when compared against the benchmark score of 73% set by TROSS respondents in the first quarter of FY2012.

8.2.5 Findings by MTF

Data are only reported for facilities with at least eight responses for OB/GYN care. Scores for OB/GYN care are reported together and not broken out by OB and GYN due to the small number of cases. The following tables (Exhibits 47-49) show the scores for each MTF with enough responses for analysis.

Exhibit 47. Access to Care in FY 2012

Access to Care		
All DC OB/GYN		**61%**
Benchmark		**64%**
MTF Facilities[1]	**N**	**Scores**
LANDSTUHL REGIONAL MEDCEN	10	92%
NH BREMERTON	12	85%
780th MED GRP-ANDREWS	10	81%
674th MED GRP-ELMENDORF	11	80%
56th MED GRP-OFFUTT	13	76%
NBHC NTC SAN DIEGO	59	71%
WALTER REED NATL MIL MED CNTR	77	69%
EVANS ACH-FT. CARSON	35	65%
MARTIN ACH-FT. BENNING	11	62%
SAN ANTONIO MMC-FT. SAM HOUSTN	100	62%
IRWIN ACH-FT. RILEY	28	62%
60th MED WING-LACKLAND	26	61%
MADIGAN AMC-FT. LEWIS	57	61%
FT BELVOIR COMMUNITY HOSP-FBCH	62	59%
NMC PORTSMOUTH	95	59%
82nd MED GRP-KEESLER	49	57%
61st MED GRP-TRAVIS	21	56%
TRIPLER AMC-FT SHAFTER	45	55%
89th MED GRP-WRIGHT-PATTERSON	36	54%
DARNALL AMC-FT. HOOD	66	51%
WILLIAM BEAUMONT AMC-FT. BLISS	24	50%
NMC SAN DIEGO	75	50%

634th MED GRP LANGLEY-EUSTIS	36	49%
NH LEMOORE	22	47%
NH CAMP LEJEUNE	24	44%
L. WOOD ACH-FT. LEONARD WOOD	27	41%
MCDONALD AHC-FT. EUSTIS	20	39%
BLANCHFIELD ACH-FT. CAMPBELL	38	37%
WOMACK AMC-FT. BRAGG	43	30%

[1]with 8 or more responses

Exhibit 48. Communication with Provider in FY 2012

Communication with Provider		
All DC OB/GYN		**85%**
Benchmark		**77%**
MTF Facilities[1]	**N**	**Scores**
781st MED GRP-ANDREWS	10	100%
LANDSTUHL REGIONAL MEDCEN	10	100%
MCDONALD AHC-FT. EUSTIS	20	97%
MARTIN ACH-FT. BENNING	11	91%
675th MED GRP-ELMENDORF	11	90%
WILLIAM BEAUMONT AMC-FT. BLISS	24	90%
WALTER REED NATL MIL MED CNTR	76	90%
62nd MED GRP-TRAVIS	21	90%
L. WOOD ACH-FT. LEONARD WOOD	27	88%
MADIGAN AMC-FT. LEWIS	57	88%
EVANS ACH-FT. CARSON	35	87%
DARNALL AMC-FT. HOOD	66	86%
FT BELVOIR COMMUNITY HOSP-FBCH	62	86%
90th MED GRP-WRIGHT-PATTERSON	36	86%
WOMACK AMC-FT. BRAGG	43	85%
SAN ANTONIO MMC-FT. SAM HOUSTN	101	85%
83rd MED GRP-KEESLER	49	85%
TRIPLER AMC-FT SHAFTER	45	85%
NBHC NTC SAN DIEGO	59	85%
61st MED WING-LACKLAND	26	84%
IRWIN ACH-FT. RILEY	28	82%
NH LEMOORE	22	82%
BLANCHFIELD ACH-FT. CAMPBELL	38	80%
NH CAMP LEJEUNE	24	80%
635th MED GRP LANGLEY-EUSTIS	36	79%
NMC SAN DIEGO	77	79%
NH BREMERTON	12	78%

NMC PORTSMOUTH	95	77%
96th MED GRP-EGLIN	10	71%
57th MED GRP-OFFUTT	13	69%

[1]with 8 or more responses

Exhibit 49. Office Staff in FY 2012

Office Staff		
All DC OB/GYN		**77%**
Benchmark		**73%**
MTF Facilities[1]	**N**	**Scores**
LANDSTUHL REGIONAL MEDCEN	10	100%
NH BREMERTON	12	100%
NH LEMOORE	22	88%
WILLIAM BEAUMONT AMC-FT. BLISS	24	87%
EVANS ACH-FT. CARSON	35	85%
782nd MED GRP-ANDREWS	10	84%
58th MED GRP-OFFUTT	13	83%
MARTIN ACH-FT. BENNING	11	82%
91st MED GRP-WRIGHT-PATTERSON	36	82%
636th MED GRP LANGLEY-EUSTIS	36	81%
IRWIN ACH-FT. RILEY	28	81%
MADIGAN AMC-FT. LEWIS	58	79%
63rd MED GRP-TRAVIS	21	77%
FT BELVOIR COMMUNITY HOSP-FBCH	62	76%
62nd MED WING-LACKLAND	26	74%
MCDONALD AHC-FT. EUSTIS	20	74%
WALTER REED NATL MIL MED CNTR	76	73%
L. WOOD ACH-FT. LEONARD WOOD	27	73%
676th MED GRP-ELMENDORF	11	72%
DARNALL AMC-FT. HOOD	66	71%
NH CAMP LEJEUNE	24	71%
NBHC NTC SAN DIEGO	59	70%
NMC SAN DIEGO	77	70%
SAN ANTONIO MMC-FT. SAM HOUSTN	100	70%
NMC PORTSMOUTH	94	66%
BLANCHFIELD ACH-FT. CAMPBELL	38	63%
TRIPLER AMC-FT SHAFTER	45	63%
84th MED GRP-KEESLER	49	59%
WOMACK AMC-FT. BRAGG	43	52%
96th MED GRP-EGLIN	10	45%

NH CAMP PENDLETON	10	44%

[1]with 8 or more responses

8.3 Discussion

Women accessing ambulatory health care MTFs for OB and GYN purposes were significantly less satisfied with their overall health care compared to non-OB/GYN respondents, and women visiting for OB reasons expressed less satisfaction with their providers compared to their non-OB/GYN counterparts. Respondents visiting for OB reasons were also less satisfied with their access to care compared to their non-OB/GYN counterparts. Still GYN respondents were just as satisfied as other respondents with communication with their providers. OB respondents, however, expressed being marginally less satisfied than those on non-OB/GYN visits. Satisfaction with communication with office staff also varied with both OB and GYN respondents giving lower scores than their non-OB/GYN counterparts.

9.0 Recommendations for Improving Satisfaction in the MHS

This report will help readers understand and improve MHS patients' satisfaction with outpatient care in MTFs and PC providers. In addition, it allows comparisons with comparable civilian experience throughout the United States. The reports on the facilities provide opportunities for MHS policy and medical leaders, providers, and administrators to examine their patients' experiences with military and participating civilian providers throughout the nation. We recommend continued and expanded use of the TROSS survey and the Website as an ongoing management tool for improving patient satisfaction and care to MHS beneficiaries.

As of July 2013, the TROSS Website supports over 500 registered users, who access the site to obtain and examine TROSS results. The TROSS website empowers users to consider the following questions that are pertinent to the MHS:

- How are we doing? – The first question that people ask
- How do these ratings work and what do are they tell me? – A desire to gain understanding about these ratings (how they are derived, what they mean, and whether they are accurate)
- How do our ratings compare? – With other MTFs, PC providers and their comparable civilian clinics, nationwide
- How can we improve our ratings? – A desire to improve satisfaction and quality of care

The TROSS website contains a simulator located on the "How to Improve" tab. This simulator enables users to view the current ratings, the change in ratings over a period of one month and three months. Users can increase ratings on individual questions to see the impact the change will have on current ratings. Additionally, users can learn about how to make these improvements with links that jump to resources for improving satisfaction ratings.

The experiences of TROSS users and the DHCAPE sponsor over the last reporting year have identified both successes and challenges within the MHS and among DC MTFs and PC providers. These experiences guide our objective of providing best-in-class and continually improving medical care to MHS beneficiaries world-wide. We recommend that these experiences, described below, be used as a basis for improving patient satisfaction. These experiences can also provide MHS healthcare partners with the information, support, and tools they need to succeed.

The discussion below highlights possible ways of improving patient satisfaction within the Services. There is a vast body of literature, Section 7.3 which explores many of these items in greater detail.

9.1 Overall Route to Improvement

CAHPS Improvement Guide

In recognizing that your facility has continuing opportunities for improvement, there are many levels at which these efforts can be targeted. First and foremost, support from top leadership is critical to making improvements in the facility. The CAHPS Improvement Guide provides five main areas in which the facility, as a whole should work to improve:

1. Focusing on microsystems ("where the action is")
2. Cultivating and supporting Quality Improvement (QI) leaders

3. Training staff in QI concepts and techniques
4. Paying attention to customer service
5. Recognizing and rewarding success

These areas require cultural changes, which enhance potential for creating success by the commitment to success, as well a focus on key processes and there continual review.

Without leadership to guide and emphasize quality improvement, any such changes will be difficult to maintain over the long term. The QI leader is defined as one who is energetic, creative, motivated by mission and will provide a personal example of the quality expected.

Staff, too, need to understand and be committed to QI. Thus, a commitment to training in both concepts and the techniques used by all staff, including medical staff, is an important ingredient to making improvements an overarching goal.

Microsystems are the office "unit" that are a specific combination of doctors, nurses, office staff and others who work together to take care of patients. In creating and emphasizing the roles of these microsystems, the approach fosters emphasis on small, replicable, functional service systems that enable front-line staff to provide efficient, excellent clinical and patient-centered care to patients. Identifying and recognizing microsystems that work well within a facility, can provide the less well-functioning systems a role model as well as specific instances of ways to improve.

Understanding and emphasizing customer service is also an important aspect of creating an atmosphere where excellence is valued. As reported in the CAHPS Improvement Guide:

The most successful service organizations pay attention to the factors that ensure their success: investing in people with an aptitude for service, technology that supports front-line staff, training practices that incorporate well-designed experiences for the patient or member, and compensation linked to performance.

Rewarding employees who go above and beyond to provide excellent customer service is highly encouraged. This not only provides an incentive for those employees to continue their good work, but also lets other employees know that these behaviors are valued. There is a variety of ways to recognize such an employee: performance-based bonuses, promotions, employee of the quarter/year plaques, or paid time off awards as allowed by local policy are all ways of reinforcing to employees that they are valued members of the team.

Additionally, research shows that identifying and implementing process efficiencies, such as separating critical and non-critical patients to serve non-critical patients more efficiently, can significantly improve overall patient satisfaction and satisfaction with areas such as interaction with staff, even though staff have not been doing anything explicitly different in those areas. But these types of changes require significant support from administrators, physicians and other staff and comprehensive improvement plan.

Elements of improving service, according to Gesell et al, include improving staff sensitivity toward the personal difficulties of patients and addressing their emotional needs and reducing waiting time in all aspects of the service. Interactions with staff, including providers, and waiting time are key indicators of patient satisfaction.

Research by Laine et al demonstrate that while both patients and physicians agree that clinical skills is the most important aspect of care, patients were far more likely to rank effective communication of health-care information higher and of greater importance compared to physicians. Physicians' communication with patients is critical when it comes to OB/GYN care. Health problems OB/GYN practitioners encounter are often intimate in nature and the right communication style, with most patients favoring a patient-centric compared to a bio-medical approach, the caring-ness projected by the practitioner, and their active listening skills become important influencers in the patient's satisfaction with the care.

Waiting time is another important driver indicator of patient satisfaction. Studies have shown that patients come in with prior expectations of wait times. These expectations can often be addressed by providing patients with an expected wait time, as those who recall receiving information on wait time express significantly more satisfaction with the care experience. Improving the waiting experience by manipulating the waiting environment, such as by providing entertaining reading material and making the waiting area more pleasant, also have been shown to enhance patient satisfaction.

9.2 Quality Improvement References

Readers will find helpful references for improving patient satisfaction and care on the TROSS Website- at https://surveys.altarum.org/tross- under the Resources Tab. These resources include the C & G CAHPS manual that provides guidance on proper survey protocol as well as resources from Agency for Healthcare Research and Quality (AHRQ) for improving patient satisfaction. In addition, quality improvement references are listed as part of the translational guides available through DHCAPE.

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Appendix A: Methodology

A.1 Overview

The TROSS survey program is divided into three components: The Direct Care survey (mail survey and Active Duty internet survey) and the Purchased Care Survey. The total annual sample for the mail and web survey is 589,439 with 371,200 sampled for Direct Care and 218,239 sampled for Purchased Care. The survey program for TROSS can be summarized by the following, where adult and child versions of the questionnaire are available for both the mail:

- Direct Care Mail Survey with Internet Option – Monthly Fielding
- Direct Care (Active Duty) Internet (web-based) Survey – Monthly Fielding
- Purchased Care Mail Survey with Internet Option – Monthly Fielding

Direct and Purchased Care Mail Survey with Internet Option

The Direct Care Mail Survey is a monthly outpatient satisfaction survey. Potential respondents include all individuals who have received outpatient care in an MTF worldwide, with the exception of patients who are minors that receive outpatient OB-GYN services, and minors between the ages of 11 and 17. To reduce the burden and confusion of being sampled and asked about more than one visit to the same or different providers in a short period of time, individuals are sampled no more than once every six months. Potential respondents are given the option to complete and return a self-administered mail survey or to complete an online version of the questionnaire. The sample is delivered monthly and surveys are mailed within 14 days after the sample is processed. If after 21 days in the field, a completed questionnaire has not been received, or the questionnaire has not come back undelivered, the person will be sent another survey packet.

Direct Care (Active Duty) Internet (web-based) Survey

In addition to the mail survey, Active Duty (AD) members are contacted through Services email accounts with an invitation to participate in the survey. Active Duty members are sampled in the same method as other respondents for the TROSS questionnaire and their email addresses are obtained from the Defense Manpower Data Center (DMDC). Once the email addresses are matched with the AD service members from DMDC, an invitation is sent to the recipient to complete the survey. Two additional reminders are sent to the AD member by email if the survey has not been completed within 14 days.

A. 2 Sampling and Weighting

Sample Frame

The sample frame is constructed using encounter records for Purchased Care and Direct Care. The Comprehensive Ambulatory / Provider Encounter Record, or CAPER is used to create a listing of all relevant encounters in Military Treatment Facilities (MTFs) both in the United States and outside the United States. The data represent all encounters at MTFs as defined by parent Defense Medical Information System (DMIS) identifiers. This file serves as the sample frame for Direct Care outpatient encounters. Approximately eight weeks after the end of each calendar month, a list of all relevant Purchased Care outpatient visits made in that month is compiled, based on claims submitted by providers. The Purchased Care data is primarily

extracted from the raw form of the TRICARE Encounter Record (TED) Non-Institutional dataset; encounters within the United States Family Health Plan (USFHP) system are extracted from the MHS Data Repository (MDR) public file directories. These files serve as the sample frame for the monthly Purchased Care survey. Exclusions are applied to the initial sample frame constructed from these resources to generate the final sampling frame. The following exclusion criteria that are applied to the initial sample frame, before the final sample frame becomes available for sample processing.

- Visits by minors to obstetrics-gynecology providers;
- Visits by patients 11–17 years of age;
- Individuals who have opted out of MHS surveys;
- Deceased individuals; and
- Encounter records without valid mailing address information.
- In cases where a single individual had multiple outpatient encounters, all but the most recent encounter were excluded.
- Encounters in the final sample frame for which provider information was incomplete.

Sample Design and Selection

The TROSS survey design uses a stratified sampling design is used to ensure the following-

- Smaller facilities are represented well enough within the survey to ensure that the number of returned surveys is enough to provide reasonable and reliable results for reporting.
- Beneficiary groups with differential response rates have enough representation within the sample that the number of returned surveys is enough to provide reasonable and reliable results for reporting.

Allocation of the sample within the stratified design is dynamic within the first level of stratification. Specifically for direct care, given different volumes of MTFs across months, relatively more MHS outpatients of small MTFs in a particular month are selected, such that the number of returns would be at least 30 cases per MTF to produce sufficient returns to produce reasonable results. Within each strata from the first level of stratification, Active Duty Service Members and their Dependents are oversampled relative to Retirees 65 and over to ensure that that the number of returned surveys matches the population distribution. The samples are generated using the SAS SURVEYSELECT procedure to generate the disproportional stratified samples across strata. Table A.1 depicts the stratification variables used in the sampling process.

Table A.1 Stratification Variables Used in the TROSS Sampling Process

	Direct Care Mail	Purchased Care Mail
Variables Used in Sampling	Service	Region
	Tiers	
	TROSS parent DMIS ID	Beneficiary Category
	Beneficiary Category	

A.2.1 Estimation

Estimation in the TROSS option year consists of estimates of means, proportions and their standard errors.

Means and their Standard Errors

Under the sampling plan, estimation is very simple for national, regional or Prime/Non-Prime area estimates. The estimator for the stratified sample mean is

$$\bar{x} = \sum_{i=1}^{n} w_i x_i \Big/ \sum_{i=1}^{n} w_i ,$$

Where

$\bar{x}$ is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the weights are as described below in the weighting section. The variance estimator is that for the stratified sample mean,

$$\text{var}(\bar{x}) = \sum_{h=1}^{H} \left(N_h \Big/ N \right)^2 (1 - f_f) \, s_h^2 \Big/ n_h ,$$

where

var ($\bar{x}$) is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum

n_h is the sample size of a particular stratum

Proportions and Their Standard Errors

The estimator for proportions such as proportion Excellent and Very Good is handled by defining the response variable Xi as a dichotomous variable where Xi = 1, if Excellent or Very Good, or Xi = 0 if Good, Fair or Poor. The estimator for the stratified proportion is the same as before, where

$$\bar{x} = \sum_{i=1}^{n} w_i x_i \Big/ \sum_{i=1}^{n} w_i ,$$

Where

$\bar{x}$ is mean of a particular survey variable

x_i is a particular sample element observation

w_i is the sampling weight for a particular respondent

and the variance estimator is still

$$\text{var}(\bar{x}) = \sum_{h=1}^{H} \left(N_h \Big/ N \right)^2 (1 - f_f) \, s_h^2 \Big/ n_h .$$

where

var ($\bar{x}$) is the variance estimator of the mean of a survey variable

H is the number of strata

h denotes the stratum

N_h is the population size of a particular stratum

N is the entire population size

f_h is the sampling fraction of a stratum, the ratio of the sample size to the size of the stratum

s_h^2 is the standard deviation within each stratum

n_h is the sample size of a particular stratum

For potential future analysis of the survey data, variance estimation of regression coefficient can be estimated by using either Taylor series method or replication method, such as balance repeated replication or jackknife repeated replication. These estimation methods can be conducted by SUDAAN or other statistical software that can account for complex sample survey design.

Expected Precision

Given the variance estimation formula above, we need estimates of variance stratum by stratum to calculate the expected precision. These estimates can be derived from TROSS base year historical variance when fielding of the study had begun.

A.2.2 Effective Sample Size

Effective sample size for a statistic is the SRS sample size that would yield the same sampling variance as achieved by the actual design.

Effective sample size $n_{eff} = \frac{n}{deff}$, where deff = $\frac{\text{var}(\bar{x})}{\text{var}_{srs}(\bar{x})}$.

The *deff* is referred to as the design effect. It is a widely used tool in survey sampling in summarizing the effect of stratification and/or cluster design features. It is defined to be the ratio of the sampling variance for a statistic computed under the actual sample design (in our case, $(\bar{x})$) divided by the sampling variance that would have been obtained from an SRS (simple random sampling) of exactly the same size ($var_{srs}(\bar{x})$). The stratified sampling design is efficient compared to a simple random sampling design, because the design effect might be smaller than 1, depending on the homogeneity within each stratum in terms of a particular survey variable.

A.3 Composites and Composite Score Calculation

A composite is an overall score or rating, created by combining scores from questions that measure particular areas of the overall domain. There are currently five composites that measure different domains of satisfaction on the TROSS; three have civilian benchmarks. The three C & G CAHPS based composites have corresponding civilian benchmarks and focus on specific areas of service. These are standard measures created by CAHPS to ensure comparability of satisfaction assessments. The three composites include:

- **Getting Care When Needed –** This composite assesses getting appointments and health care when needed and is composed of five questions (Q8, 10, 13, 15, and 16): Received appointment as soon needed for care you needed right away; Received appointment as soon as needed for routine care; Get an answer to your medical question during business hours on the same day you called; Receive answer as soon as needed after regular hours; and See provider within 15 minutes of your appointment time.
- **Doctors' Communications –** This composite assesses how well doctors communicate and is composed of six questions (Q17, 18, 20, 21, 22 and 23): Explain things in an easy to understand way; Listen carefully to you; Give easy to understand instructions about your health care; Know the important information about your medical history; and Spend enough time with you.
- **Office Staff –** This composite assesses the courteousness and helpfulness of office staff and is composed of two questions (Q28 and 29): Helpfulness and thoughtfulness of office staff and Courtesy and Respect shown by office staff.

In addition to these three CAHPS-based composites, two additional MHS specific composites were created specifically for the TROSS to cover areas not included in the CAHPS Composites. These composites do not have a civilian benchmark. The two composites include-

- **Perceptions of MHS –** This composite assesses attitudes and satisfaction with the MHS system and plans and is composed of two questions (Q30 and Q31): Partner with health team and MHS designed just for the user (not shown in report).
- **Access to Mental Health Care –** This composite assesses treatment and counseling services and is composed of two questions (Q37c and Q37d): ease of getting treatment/counseling services and overall rating of treatment/counseling services. A minimum of 10 responses were required to calculate the Mental Health Composite.

Composites are calculated using the responses from all of the questions contained in the composite. The proportion of satisfied responses corresponds to the proportion of respondents answering "almost always" or "always".

The formal method of calculating the proportions is as follows –

The formal means of calculating the proportion for each question is:

Xi = 100, if respondent answered "almost always" or "always

= 0, if respondent answered "never", "almost never," "sometimes," or "usually."

Ii = 1, if response is not missing for level of reporting

= 0, if response is missing for level of reporting

wi = Sampling weight

The estimator for P1 is $\sum_{i=1}^{n} w_i X_i I_i \Big/ \sum_{i=1}^{n} w_i I_i$.

Proportions are then combined from the individual questions to form the composite using the following equation:

C = Composite proportion = (Proportion 1 + Proportion 2 +…..) / (number of questions in the composite)

This means that each question is equally important to the composite.

A.2.3 Weighting Plan

1) Base Weights

The inverse of selection probability of each respondent will be calculated as the base weight for each respondent, which is the inverse of (stratum sample size / stratum population size)

2) Nonresponse weighting

Altarum will use SUDAAN's WTADJUST procedure, which can regress response participation variable (1 for response, 0 for nonresponse) on all variables existing for both respondents and non-respondents to find the significant response predictors. Then a response propensity model will be constructed. The nonresponse adjustment for each respondent will be the predicted response probabilities computed from the model.

3) Post-stratification

The raking scheme of SUDAAN's WTADJUST procedure is used to correct the potential undercoverage of the sampling frame. The process uses an iterative adjustment algorithm called iterative proportional fitting. The algorithm adjusts the sample weights such that the sample distribution matches the MHS region population distribution; it then adjusts weights to match the gender and age population distribution; and finally it adjusts the weights to match the beneficiary category population distribution. Since the last adjustment to weights may have caused the gender or age distribution to no longer match the population distribution, the process is repeated until there is negligible change in the weights. It has been shown that using this algorithm converges to the joint distribution of MHS region by age by sex by beneficiary category. This process is repeated each month. The algorithm uses the actual percentage of users for MHS region, the beneficiary categories, age categories, gender, etc., for the month of sampling.

Table A.2 Summary of variables Used in Post-stratification

	Direct Care Mail	Purchased Care Mail
Variables in Post-stratification	Age	Age
	Gender	Gender
	Beneficiary Category	Beneficiary Category
	MHS Region	MHS Region

The aggregated weights for each respondent will be Base weight * Nonresponse weight * Post-stratification weight

4) Additional weights for regional or state level estimation

To produce unbiased year-to-date estimates, we adjust the weights by multiplying the weight w_i by the total patient encounters during the reporting period. The weight is now

$$w_J = M_T \, w_i,$$

where M_T is the total patient encounter during the reporting period. This weight produces unbiased results for the reporting period, roll ups at all levels of reporting— MTFs, posts, TRICARE regions, Service regions, Services and MHS.

5) Final weights

For purpose of correct calculation weights are rescaled so that the sum of weights is equal to the sample size.

A.4 Caveats to Final Report

A.4.1 General Definitions

1. Active Duty includes Active Duty and Medically Eligible Guard/Reserve.

2. Active Duty Family Members includes Dependents of Active Duty and Dependents of Medically Eligible Guard/Reserve.
3. Retirees under 65 include Retirees, Dependents of Retirees, and Dependent Survivors.
4. Retirees 65 and over include Retirees, Dependents of Retirees, and Dependent Survivors.

A.4.2 Purchased Care Definitions

- Provider Regions and MTF Service Areas are determined by the location of the provider, where the health care service was received.
    a. Provider Region reflects the TRICARE Region of the Provider Catchment Area, as defined by the TMA DMIS ID Table.
    b. Provider MTF Service Area represents the area assigned to each provider. If a provider is within 40 miles of an MTF, then the Provider MTF Service Area used, subject to the overlap rules, barriers and other override policies.
    c. The West Region includes Alaska and Hawaii.

A.4.3 Direct Care Definitions

1. CONUS results include Alaska and Hawaii
2. Service represents the Service that operates the MTF. Marine Corps is included in Navy.

Appendix B: Benchmarks

The Benchmarks used in this report correspond to the 50th percentile in the CAHPS database for the corresponding question or composite. The CAHPS website reports on seventeen items:

- Getting Care When Needed (Q8, 10, 13, 15, and 16):
  - Received appointment as soon needed for care you needed right away
  - Received appointment as soon as needed for routine care
  - Get an answer to your medical question during business hours on the same day you called
  - Receive answer as soon as needed after regular hours
  - See provider within 15 minutes of your appointment time
- Doctors Communication (Q17, 18, 20, 21, 22 and 23):
  - Explain things in an easy to understand way
  - Listen carefully to you
  - Give easy to understand instructions about your health care
  - Know the important information about your medical history
  - Spend enough time with you.
- Office Staff (Q28 and 29):
  - Helpfulness and thoughtfulness of office staff
  - Courtesy and Respect shown by office staff.
- Follow-Up on Test Results (Q26)
- Satisfaction with Provider (Q27)

The CAHPS percentiles are scored based on the CAHPS criterion for determining satisfaction. The CAHPS criterion treats the most positive response categories as satisfied (Always or Almost always for all questions except, Satisfaction with Provider, on which a 9 or 10 is considered satisfied).

There are some questions for which the CAHPS percentile is not available. In these instances, such as 'Satisfaction with Healthcare', no benchmark is presented.

Comparisons between the civilian benchmark and TROSS results are made using t-tests. When the base size is less than 30 observations, a statistical test is not performed. When the base size is less than 10 observations, the score is not reported.

Appendix C: Survey Instruments

TRICARE

MH
RCS DD-HA(M)2292

According to the Privacy Act of 1974 (Public Law 93-579), the Department of Defense is required to inform you of the purposes and use of this survey. Please read it carefully.

Authority: 10 U.S.C., Chapter 55; Section 706, Public Law 102-484; E.O. 9397.

Purpose: This survey helps health policy makers gauge beneficiary satisfaction with the current military health care system and provides valuable input from beneficiaries that will be used to improve the Military Health System.

Routine Uses: None

Disclosure: Voluntary. Failure to respond will not result in any penalty to the respondent. However, maximum participation is encouraged so that data will be as complete and representative as possible.

PRIVACY STATEMENT

Providing information in this survey is voluntary. There is no penalty nor will your benefits be affected if you choose not to respond.

However, maximum participation is encouraged so that the data will be complete and representative. Your survey response will be treated as confidential, identifying information will be used only by person engaged in, and for the purposes of, the survey research.

However, if during this survey you indicate a direct threat to harm yourself or others, we are required to forward information about that threat to appropriate authorities for action, which will likely include their contacting you.

YOUR HEALTH PROVIDER

1. Our records show that you got care from the provider or at the location named below on (POP IN VISIT DATE).

   (POP IN PROVIDER OR MTF)

   Is that right?

   ☐ Yes ☐ No → ***GO TO #30***

A health provider is a doctor, nurse or anyone else you would see for health care. The questions in this survey booklet will refer to the provider you saw on (POP IN VISIT DATE) as "this provider." Please think of that provider as you answer the survey. Even if you only saw this provider once this year, please fill out this survey.

2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

   ☐ Yes ☐ No

3. How long have you been going to this provider?

   ☐ Less than 6 months
   ☐ At least 6 months but less than 1 year
   ☐ At least 1 year but less than 3 years
   ☐ At least 3 years but less than 5 years
   ☐ 5 years or more

3a. How much do you agree with the following statement?

In general, I am able to see my provider when needed.

   ☐ Strongly Disagree
   ☐ Disagree
   ☐ Neither Agree nor Disagree
   ☐ Agree
   ☐ Strongly Agree

3b. How many days did you have to wait between making the appointment and actually seeing a provider?

   ☐ Same day ☐ 8 to 30 days
   ☐ 1 to 7 days ☐ 31 days or more

3c. Overall, how satisfied are you with the health care you received?

   ☐ Completely Dissatisfied
   ☐ Somewhat Dissatisfied
   ☐ Neither Satisfied nor Dissatisfied
   ☐ Somewhat Satisfied
   ☐ Completely Satisfied

YOUR CARE FROM THIS PROVIDER IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include any times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

   ☐ None → ***GO TO #30***
   ☐ 1 time ☐ 4
   ☐ 2 ☐ 5 to 9
   ☐ 3 ☐ 10 or more times

5. In the last 12 months, did you make an appointment with this provider's office by phone?

   ☐ Yes ☐ No → ***GO TO #7***

6. In the last 12 months, when you made an appointment through the phone how would you rate the ease of making this appointment?

   ☐ Excellent ☐ Fair
   ☐ Very good ☐ Poor
   ☐ Good

7. In the last 12 months, did you phone this provider's office to get an appointment for an illness, injury, or condition that needed care right away?

   ☐ Yes ☐ No → ***GO TO #9***

8. In the last 12 months, when you phoned this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you thought you needed?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

9. In the last 12 months, did you make any appointments for a check-up or routine care with this provider?

☐ Yes ☐ No → ***GO TO #11***

10. In the last 12 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you thought you needed?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

11. What was the biggest problem you had, if any, in scheduling appointments? *Please mark only one.*

☐ N/A - I did not need an appointment
☐ I did not have any problems in scheduling appointments
☐ No appointment was available
☐ I could not get an appointment that worked with my schedule
☐ No consult or referral was in the system
☐ Phone was busy and I couldn't get through
☐ No one would answer the phone
☐ I was on hold too long
☐ Process to schedule an appointment was too long
☐ Other (Please specify):
_____
_____

12. In the last 12 months, did you phone this provider's office with a medical question during regular office hours?

☐ Yes ☐ No → ***GO TO #14***

13. In the last 12 months, when you phoned this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

14. In the last 12 months, did you phone this provider's office with a medical question after regular office hours?

☐ Yes ☐ No → ***GO TO #16***

15. In the last 12 months, when you phoned this provider's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

16. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did you see this provider within 15 minutes of your appointment time?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

17. In the last 12 months, how often did this provider explain things in a way that was easy to understand?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

18. In the last 12 months, how often did this provider listen carefully to you?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

19. In the last 12 months, did you talk with this provider about any health problems or concerns?

☐ Yes ☐ No → ***GO TO #21***

20. In the last 12 months, how often did this provider give you easy to understand instructions about taking care of these health problems or concerns?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

21. In the last 12 months, how often did this provider seem to know the important information about your medical history?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

22. In the last 12 months, how often did this provider show respect for what you had to say?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

23. In the last 12 months, how often did this provider spend enough time with you?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

24a. In the last 12 months, did you take any prescription medicine?

☐ Yes ☐ No → ***GO TO #25***

24. In the last 12 months, how often did this provider talk with you about all the different prescription medicines you are using, including medicines prescribed by other providers?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

25. In the last 12 months, did this provider order a blood test, x-ray or other test for you?

☐ Yes ☐ No → *Go to #27*

26. In the last 12 months, when this provider ordered a blood test, x-ray or other test for you, how often did someone from this provider's office follow up to give you those results?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

27. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst provider possible — Best provider possible

CLERKS AND RECEPTIONISTS AT THIS PROVIDER'S OFFICE

28. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

29. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

☐ Never ☐ Usually
☐ Almost Never ☐ Almost Always
☐ Sometimes ☐ Always

YOUR HEALTH CARE

For the next two questions, thinking about the Military Health System, how much would you agree with the following statements:

30. I am a partner with my health care team. They know and care about improving my health.

☐ No Opinion
☐ Strongly Disagree
☐ Somewhat Disagree
☐ Neither Agree nor Disagree
☐ Somewhat Agree
☐ Strongly Agree

31. It feels like the Military Health System was designed just for me.

☐ No Opinion
☐ Strongly Disagree
☐ Somewhat Disagree
☐ Neither Agree nor Disagree
☐ Somewhat Agree
☐ Strongly Agree

32. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate your health care?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health care possible — Best health care possible

33. Are you enrolled in TRICARE Prime?

☐ Yes, enrolled
☐ No, not enrolled → *Go to #35*
☐ Not sure if enrolled → *Go to #35*

34. Using any number from 0 to 10 where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate TRICARE Prime?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst health plan possible — Best health plan possible

35. Have you used TRICARE Standard, Extra or TRICARE for Life benefits?

☐ Yes, have used benefits
☐ No, have not used benefits → *Go to #37*
☐ Not sure if used TRICARE Standard, Extra or TRICARE for Life benefits → *Go to #37*

36. Using any number from 0 to 10 where 0 is the worst benefits possible and 10 is the best benefits possible, what number would you use to rate TRICARE Standard, Extra or TRICARE for Life benefits?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst benefits possible — Best benefits possible

37. The time(s) that you used a non-military treatment facility (non MTF), which of the following explain(s) why you did NOT receive care at a military treatment facility (MTF)? *Please mark all that apply.*

☐ N/A - Have only used an MTF
☐ Too difficult to get appointment at an MTF
☐ I cannot see the same provider each time
☐ Referred to a non-MTF provider
☐ I get better care from civilian providers
☐ The services I need are not available
☐ Used non-TRICARE insurance
☐ The MTF I use has been closed
☐ Needed care because of an emergency
☐ Prefer to see regular non-MTF physician
☐ I never get care at an MTF
☐ MTF is too far away
☐ Difficulty in getting to an MTF
☐ Not eligible for care at an MTF
☐ Other (Please specify):

_____
_____

37a. In general, how would you rate your overall mental or emotional health now?

☐ Excellent ☐ Fair
☐ Very good ☐ Poor
☐ Good

37b. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

☐ Yes ☐ No → ***GO TO #38***

37c. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

☐ A big problem
☐ A small problem
☐ Not a problem

37d. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your treatment or counseling in the last 12 months?

0	1	2	3	4	5	6	7	8	9	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Worst treatment or counseling possible — Best treatment or counseling possible

ABOUT YOU

38. In general, how would you rate your overall health?

☐ Excellent ☐ Fair
☐ Very good ☐ Poor
☐ Good

39. A health provider is a doctor, nurse or anyone else you would see for health care. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

☐ Yes ☐ No → ***GO TO #41***

40. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.

☐ Yes ☐ No

41. Do you need to take medicine prescribed by a provider? Do not include birth control.

☐ Yes ☐ No → ***GO TO #43***

42. Is this medicine to treat a condition that has lasted for at least 3 months? Do not include pregnancy or menopause.

☐ Yes ☐ No

43. What is your age?

☐ 18 to 24 ☐ 55 to 64
☐ 25 to 34 ☐ 65 to 74
☐ 35 to 44 ☐ 75 or older
☐ 45 to 54

44. Are you male or female?

☐ Male ☐ Female

45. What is the highest grade or level of school that you have completed?

☐ 8th grade or less
☐ Some high school, but did not graduate
☐ High school graduate or GED
☐ Some college or 2-year degree
☐ 4-year college graduate
☐ More than 4-year college degree

46. Are you of Hispanic or Latino origin or descent?

☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino

47. What is your race? *Please mark one or more.*

☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaskan Native

48. Did someone help you complete this survey?

☐ Yes → ***GO TO #49***
☐ No → ***THANK YOU. PLEASE RETURN THE COMPLETED SURVEY IN THE POSTAGE-PAID ENVELOPE***

49. How did that person help you? *Mark all that apply.*

☐ Read the questions to me
☐ Wrote down the answers I gave
☐ Answered the questions for me
☐ Translated the questions into my language
☐ Helped in some other way
(Please print)

_____

_____

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY! Your generous contribution will greatly aid efforts to improve the health of our military community.

Return your survey in the postage-paid envelope. If the envelope is missing, please send to:

Office of the Assistant Secretary of Defense (HA)
TMA/HPAE
c/o Synovate
PO Box 5030
Chicago, IL 60680-4135